IMPORTANT.- In filling out both the original and duplicate, particular attention is directed to the instructions indicated by the ☜ symbol.

Form AA-11
Revised March 1938
(ORIGINAL)

IMPORTANT.—Read Instructions on Back of Duplicate Copy Before Filling in This Form

DESIGNATION OR CHANGE OF BENEFICIARY

115-16-2201
(Social Security Account number)

(Railroad Retirement Board A-No. if you have filed application)

Fill in Social Security Account Number; if you have no number, write "none".

TO THE RAILROAD RETIREMENT BOARD,
Washington, D. C.

SECTION 1. I, John (First) David (Middle) Shaffer (Last) born on October (Month)
PRINT NAME
27 (Day) 1876 (Year) hereby designate the person or persons named below in this section to receive any death benefits payable under section 5 of the Railroad Retirement Act of 1937 and any accrued annuities due at my death under the Railroad Retirement Act of 1937 or 1935: (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.) IMPORTANT.- Section 1. must be filled in.

NAME OF BENEFICIARY (If a beneficiary be a minor, also give date of birth; if a married woman, state her full maiden name and her husband's last name)	ADDRESS	RELATIONSHIP	
Irene Sillen Shaffer	502 Stevenson St. Sayre Pa.	Wife	

Examined for form only
Retirement Claims
2-1

SEC. 2. In the event no person or persons named in section 1 are living at my death, or at the time the death benefits become payable, if later than my death, I designate the following as beneficiaries in their place:

NAME	ADDRESS	RELATIONSHIP	
Lillian Shaffer Froelich	Riverside Dr. Sayre Pa.	Daughter	

SEC. 3. I direct that, if more than one beneficiary is named, the share of any beneficiary or beneficiaries who die before me or before the death benefits become payable, if later than my death, shall be paid in equal shares to the survivors, or entirely to the survivor if only one survives.

SEC. 4. By this designation I revoke all previous designations, if any, and I reserve the right to change or revoke any or all of the above designations at any time in the manner and form prescribed by the Railroad Retirement Board and without the knowledge or consent of the above beneficiaries.

NOTE.—No person listed above as a beneficiary may be a witness.

IMPORTANT: The signature must be witnessed by two persons, not named as beneficiaries.

(Signature) John D Shaffer
(Sign with ink or indelible pencil—do not print)

WITNESSES: We, the undersigned witnesses, hereby certify that we saw John D. Shaffer sign this designation on the 12 day of August, 1938 and he (she) declared it to be his (her) free act and deed.

First witness { Name Wm J Farrell
Address 202 Stevenson St Sayre Pa.

Second witness { Name Irvin B. Roberts
Address 106 Center St. Sayre, Pa

Full name of present employer Lehigh Valley Railroad Company
My occupation Boiler Maker Department M. of E. Division System Shops
Location Sayre Penna.

(Print or type your name and address below:)

Name John D. Shaffer

Address 502 Stevenson St.
(Number and street)
Sayre Penna.
(City and State)

OFFICIALLY FILED
SEP 10 1938
RAILROAD RETIREMENT BOARD

(Fill out both original and duplicate completely and forward without separation to the Railroad Retirement Board, Washington, D. C., through your employer, if agreeable.)

U. S. GOVERNMENT PRINTING OFFICE 16—6036

Form 4A-15
Adopted August 1938

THE RAILROAD RETIREMENT BOARD, WASHINGTON, D. C.

~~2984873~~ PS2054

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

A253745

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals *who on August 29, 1935*, were in the active compensated service of or in an employment relation to an employer under that Act. *Only such individuals should fill out this form.* Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 715-16-2201

2. Name JOHN (First) DAVID (Middle) SHAFFER (Last) 3. Race WHITE

Address 302 STEVENSON-SAYRE-BRADFORD-PA. (Street and number) (Town or city) (County) (State) 4. Sex MALE (Male or female)

5. Date of birth Oct. 27-1876 (Month) (Day) (Year) 6. Place of birth BRIER CREEK-CLUMBIA-PA. (PRINT) (Town or city) (County) (State)

7. Father's JOHN-DAVID-SHAFFER (First name) (Middle name) (Last name) Mother's CAROLINE-ELIZABETH-WHITE (First name) (Middle name) (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? YES (Yes or no). If not, were you on August 29, 1935: on furlough and ready and willing to serve? ____ (Yes or no); on leave of absence? ____ (Yes or no); or absent on account of sickness or disability? ____ (Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate *block* for each employer. Start with a new *line* of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) LEHIGH-VALLEY-RAILROAD (Name of employer under the Act) JOHN D. SHAFFER (Your pay-roll name)

Occupation	Date Began Month	Date Began Year	Date Ended Month	Date Ended Year	Department	Location or Division
Boilermaker	July	1908	—		Locomotive Shop	Sayre Pa

(b) ____ (Name of employer under the Act) ____ (Your pay-roll name)

Occupation	Date Began Month	Date Began Year	Date Ended Month	Date Ended Year	Department	Location or Division

(Additional blocks are provided on the back of this form)

16—7468

Date January (Month) 12 (Day), 1939 (Year)

(Signed) John David Shaffer (Sign in ink or indelible pencil—do not print)

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

54725
SOCIAL SECURITY ACCOUNT NO. 715 | 16 | 2201

Sheet No. 1 of 1 R. R. B. No. _____

RECORD OF EMPLOYEE'S PRIOR SERVICE

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Shaffer (Last name) John (First name) David (Middle name)

502 Stevenson St., (Street and number) Sayre (Post office) Bradford (County) Pennsylvania (State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

Lehigh Valley Railroad Company (Name of employer) 3-11-42 mcl

Name on pay roll Sehffer (Last name) John (First name) D. (Middle name)

	Name of Employer if Not Same as Above	Occupation	Date Began (Month, year)	Date Ended (Month, year)	Department	Location or Division
1	Same	Boilermaker	7-08	Not Ended	Loco Shop	Sayre
2						
3						
4						
5						
6						
7						
8						

29848 72

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

Berwick (City) _____ (County, parish, or other civil division) Pennsylvania (State or country)

on October (Month) 26 (Day) 1876 (Year), which ~~has~~ (has not) been verified, and that such date of birth was entered on records of the employer during ~~the year of~~ prior to 1925

PS 20 54

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? yes (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

16—18434

Section 5.—PERSONNEL RECORD

	Occupation	Department or Division	From— Month	From— Year	To— Month	To— Year
1	Car Repr.	Sayre Shop	7	08	12	08
2	Boilermaker & Hpr	"	12	08	4	21
3	"	"	9	21	7	22
4	"	"	10	23	Not	Ended
5						
6						
7						
8						

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

		1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan.		C	C	C	C	C															
Feb.		C	C	C	C	C															
Mar.		C	C	C	C	C															
April		C	C	C	C	C															
May		C	C	C	C	C															
June		C	C	C	C	C															
July		C	C	C	C	C							M								
Aug.		C	C	C	C	C															
Sept.		C	C	C	C	C															
Oct.		C	C	C	C	C															
Nov.		C	C	C	C	C															
Dec.		C	C	C	C	C															
Total																					

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan.																				
Feb.																				
Mar.																				
April																				
May																				
June																				
July																				
Aug.																				
Sept.																				
Oct.																				
Nov.																				
Dec.																				
Total																				

Special Instructions for August and September 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

Note.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 20 service years are required for verification.

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Shaffer (Last name) John (First name) D. (Middle name)

	COMPENSATION																OCCUPATION	
	1931		1930		1929		1928		1927		1926		1925		1924		Year	Title on Pay Roll
Jan.	64	80	77	76	89	49	61	65	68	49	90	80	103	64			1st 1931	Boilermaker
	58	32	84	24	61	60	67	76	64	68	60	76	47	36				
Feb.	77	76	77	76	53	13	95	48	79	32	82	32	139	70			2d	"
	71	28	64	80	45	43	43	12	69	43	53	28	59	34				
Mar.	64	80	74	52	77	00	56	13	105	28	90	51	68	25			1st 1930	"
	77	76	77	76	64	80	11	93	67	76	113	06	71	04				
Apr.	71	28	74	52	77	76	18	48	55	44	76	96	53	28			2d	"
	58	32	77	76	77	76	6	16	124	36	130	64	85	38				
May	51	84	64	80	77	76	60	10	61	21	68	08	114	79			1st 1929	"
	51	84	45	36	84	24	49	28	70	79	128	28	85	09			2d	"
June	45	36	51	84	74	52	76	09	74	51	71	04	68	08	M		1st 1928	"
	38	88	51	84	73	71	51	14	70	84	74	00	134	55				
July	50	22	45	36	70	06	49	28	60	99	122	61	70	00			2d	"
	51	84	58	32	70	47	80	08	49	28	86	85	96	97				
Aug.	25	92	51	84	81	00	80	08	99	53	66	86	59	20			1st 1927	"
	25	92	51	84	68	04	70	84	61	60	74	00	98	34				
Sept.	25	92	51	84	68	04	67	76	106	30	87	06	59	90			2d	"
	25	92	71	28	82	21	70	84	67	76	75	33	102	55				
Oct.	38	88	71	28	84	24	77	00	97	38	121	30	79	59			1st 1926	"
	51	84	64	80	90	72	132	30	67	96	75	59	79	71				
Nov.	71	28	58	32	78	16	73	92	64	16	64	68	55	28			2d	"
	51	84	58	32	61	56	73	92	69	41	67	76	92	48				
Dec.	64	80	71	28	71	28	80	08	131	34	108	97	58	88			1st 1925	"
	45	36	71	28	64	80	73	92	36	96	76	29	65	12			2d	"
Total	652																1st 1924	
																	2d	

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

	Number of Months	*Net compensation*
1-1-24 to 12-31-31		$
Other service prior to 1-1-37		

C M A

Computer Reviewer

16—18434

Section 9.—ADDITIONAL INFORMATION

1 Personnel record from the files of the Chief of Personnel

2 Erasure in section 7 made in Office of Auditor of Disbursements.

3

4 Compensation from income tax and payroll records

5 filed in the office of the Auditor of Disbursements.

6 Payroll records prior to Jan. 1925 have been

7 destroyed by authority of the I.C.C.

8

9

10

11

12

13

14

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16

17

18

19

20

Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information,*" or as initialed by me.

W C Garnett
(Signature)

Date APR 6 1942

Chief of Personnel
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

RL-84a
(2-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

MAY 12 1944

Mr. John David Shaffer
502 Stevenson Street
Sayre, Pennsylvania

In reply refer to
S.S.A. No. 715-16-2201

Dear Sir:

You are hereby notified that there has been established for you on the records of the Board service totaling at least thirty years, the maximum creditable toward any annuity under the Railroad Retirement Act for which you may become eligible.

There has also been established on the records of the Board a record that the total compensation (not exceeding $300 in any month) reported as earned by you during the period 1924-1931, inclusive, was $ 1?,926.25 and that this compensation was earned in 84 months of service during this period.

The monthly compensation applicable to service prior to January 1, 1937 is determined by dividing the total compensation reported as earned in the creditable months of service during the period 1924-1931, inclusive, by the number of months in which such compensation was earned.

The date of your birth shown on your statement of service has been accepted as correct.

Your attention is invited to the back of this letter which contains excerpts from the Regulations of the Board with respect to finality of the record of prior service.

Mason: Shafer
5-11-44

Yours very truly,

Director of Retirement Claims

RL-100
(1-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

OFFICE OF SUPPLY AND SERVICE

March 1, 1945

In reply refer to

A253745

John David Shaffer
502 Stevenson Street
Sayre, Pennsylvania

Dear Sir:

In acknowledgment of your application for an annuity under the Railroad Retirement Acts, there is enclosed Form G-155, postal reply card, showing the claim number assigned to your application. Your attention is directed to the instructions printed on this card. Compliance therewith will expedite all future communications with the Board.

There is also enclosed one signature card, Standard Form No. 1099. Please sign your name, in ink, on the dotted line indicated by the arrow in the space bordered by a heavy black line in the upper right section of the card. Sign your name in the same manner and style used in signing a check or document. In the event you are awarded an annuity, no check in payment will be honored unless you have filed a signature card with the Board. An addressed return envelope has been enclosed in which the signed signature card may be inserted for mailing to this office. Please do not fold the card.

Yours very truly,

L.D. Moore

Chief Clerk

Enclosures:
Form G-155
Standard Form 1099
Return envelope

FORM NO. G-91
(7-4)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. SOCIAL SECURITY ACCOUNT NO.: 715-16-7701

2. CLAIM NUMBER: A2537455

3. FILE NAME (PRINT): John David Shaffer

I. DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT (CHECK ONE)

- [ ] NATURALIZATION RECORD
- [ ] INSURANCE POLICY
- [ ] BIBLE
- [ ] PASSPORT
- [ ] MARRIAGE RECORD
- [x] BIRTH RECORD
- [ ] MILITARY RECORD
- [ ] OTHER: SPECIFY

5. KIND OF COPY (CHECK ONE)

- [x] ORIGINAL
- [ ] PHOTOSTAT
- [ ] OTHER: SPECIFY

NOTE: IF A DOCUMENT DOES NOT BEAR THE DATE OF ESTABLISHMENT OF RECORD, THE ORIGINAL DOCUMENT MUST BE SUBMITTED TO THE BUREAU OF RETIREMENT CLAIMS.

6. NAME OF AGENCY, INSTITUTION OR ORGANIZATION WHICH ISSUED DOCUMENT: Methodist Episcopal Church

7. NUMBER APPEARING ON DOCUMENT: None

8. NAME OF OFFICER SIGNING THE DOCUMENT: Henry R Fortner

9. WAS OFFICIAL STATIONERY USED?
- [x] YES
- [ ] NO

10. TITLE OF OFFICER SIGNING THE DOCUMENT: Not Shown

11. WAS SEAL AFFIXED?
- [ ] YES
- [x] NO

II. PERTINENT INFORMATION ABOUT DOCUMENT

12. PURPOSE FOR WHICH DOCUMENT WAS SUBMITTED
- [x] PROOF OF EMPLOYEE'S DATE OF BIRTH
- [ ] PROOF OF SPOUSE'S DATE OF BIRTH
- [ ] PROOF OF MARRIAGE
- [ ] PROOF OF DEATH
- [ ] OTHER: SPECIFY

13. NAME AS SHOWN ON DOCUMENT, IF DIFFERENT (PRINT): John David

14. AGE OR DATE OF BIRTH SHOWN ON DOCUMENT: Oct 27 1876

15. DATE OF ESTABLISHMENT OF RECORD: Jan 20 1877

16. DOES THE DOCUMENT CONTAIN ANY ERASURES, ALTERATIONS OR INTERLINEATIONS THAT AFFECT ITS VALIDITY AS EVIDENCE?
- [ ] YES
- [x] NO

17. OTHER PERTINENT INFORMATION: Baptismal Certificate shows the infant Son of David and Caroline Shaffer baptized 1-20-1877

18. IS THE DOCUMENT ACCEPTABLE UNDER THE REGULATIONS AS EVIDENCE OF THE FACTS IT PURPORTS TO ESTABLISH? YES [x] NO [ ]
IF "NO" IS CHECKED, STATE REASONS WHY THE DOCUMENT IS NOT ACCEPTABLE:

19. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY) IF DATE OF ESTABLISHMENT OF RECORD SUBMITTED IN SUPPORT OF CLAIMED DATE OF BIRTH IS NOT SHOWN, DOES EVIDENCE SUBMITTED WARRANT A PRESUMPTION THAT THE ENTRY RELIED UPON WAS MADE BEFORE JANUARY 1, 1932? YES [ ] NO [ ]

DATE: 3-3-5

SIGNATURE: L. Mason

UNIT: Hamm

TITLE: Supt.

C-58
(6-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

March 5, 1945

REGISTERED MAIL

Mr. John David Shaffer
502 Stevenson Street
Sayre, Pennsylvania

In reply refer to
R.R.B. No. A-253745

Dear Sir:

The documentary evidence listed below, which was submitted by you, is returned herewith ~~under separate cover~~:

Birth Record

Yours very truly,

John W. Callender
Director of Retirement Claims

lnp:ks

Form AA-1
(Rev. N[illegible] 940)

Read Instructions Before Filling Out This Form

DO NOT WRITE IN THIS SPACE
A253745

APPLICATION FOR ANNUITY UNDER THE RAILROAD RETIREMENT ACT

(ORIGINAL—To be returned to Railroad Retirement Board, Washington, D. C.)

OFFICIALLY FILED
FEB 28 1945
RAILROAD RETIREMENT BOARD

1. Social Security Account No. 215-16-2201

2. Name JOHN (First) DAVID (Middle) SHAFFER (Last) 3. Race White

Address 502 STEVENSON ST SAYRE (Street and number, Town or city) BRADFORD (County) PA (State) 4. Sex Male (Male or female)

5. Date of birth Oct (Month) 29 (Day) 1876 (Year) 6. Place of birth BRIER CREEK (PRINT) COLUMBIA (Town or city) PA (County) (State)

7. Father's DAVID (First name) – SHAFFER (Middle name) (Last name) Mother's CAROLINE (First name) – WHITE (Middle name) (Maiden last name)

8. Are you now single, married, divorced, or widowed? Married (State which) If now married give wife's MARY (First name) IRENE (Middle name) GILLMAN (Maiden last name)

9. Have you ever filed with the Board: (*a*) A previous annuity application (on Form AA–1)? No (Yes or no) (*b*) A joint and survivor election (on Form AA–10) in which you choose a reduction in annuity to provide an annuity for your wife, if she survives you? No (Yes or no) (*c*) A designation of beneficiaries (on Form AA–11)? No (Yes or no)

10. Are you applying for an annuity to begin before age 65? No (Yes or no) If so, are you totally and permanently disabled for regular employment for hire? ____ (Yes or no)

11. (*a*) Do you claim compensated service for any employer under the Act prior to January 1, 1937? Yes (Yes or no) If so, have you filed with the Board a statement of such prior service on Form AA–15? Yes (Yes or no) (*b*) Do you also claim that service in the land or naval forces of the United States should be included in your service? No (Yes or no) If so, have you filed with the Board a statement of such service on Form AA–15? ____ (Yes or no) (*c*) If your answers to 11 (*b*) are "Yes," are you receiving from any department or agency of the United States Government, or have you applied for, any pension, disability compensation, or other gratuitous benefit payable on a periodic basis by reason of your service in the land or naval forces? ____ (Yes or no) If so, give your Veterans Administration "C" number ____ If you do not have a Veterans Administration "C" number, state the nature of the benefits you are receiving, or have applied for, and the department or agency of the United States Government from which you receive or to which you have applied for benefits ____

12. (*a*) Statement of service since January 1, 1937, for all employers under the Act. (Begin with Jan. 1, 1937.)

Name of Employer Under the Act (Carrier by railroad, express and sleeping-car companies, railway labor organizations, etc. See instructions.)	Began Service Month	Day	Year	Ended Service. (If still working, give date you intend to end service.) Month	Day	Year
Lehigh Valley Railroad Co	Jan	1,	1937	not till after war is over		

(*b*) Fill in the following *additional* information for service *during the last 12 months* for employers under the Act.

Employer Under the Act. (Give initials only.)	Name on Pay Roll	Last Occupation	Last Department	Last Division or Location
L V R R Co	John D Shaffer	Boilermaker	M P E	Sayre, Pa

16—7412

13. (*a*) Do you still hold rights to return to the service of employer(s) under the Act? Yes (Yes or no)

(*b*) If so, give the names of all such employers Lehigh Valley Railroad Co

(*c*) (*Fill in the following if you no longer hold such rights.*) The name of the employer under the Act with whom you *last* held rights ..... and the date when you relinquished these rights:

..... (Month) (Day) (Year)

14. Are you now working for a person, company, or institution, not an employer under the Act? No (Yes or no) If so, fill in the following for this person, company, or institution:

Name ..... Address .....

Date you began work ..... (Month) (Day) (Year) Date you intend to cease work ..... (Month) (Day) (Year)

15. (*Fill in the following only if you have ceased all work for compensation.*) Was your last compensated service for an employer under the Act? ..... (Yes or no) If not, fill in the following for the last person, company, or institution, *not* an employer under the Act for whom you worked:

Name ..... Address .....

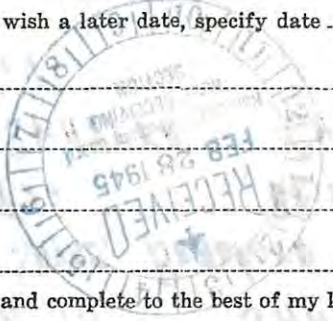
Date you began work ..... (Month) (Day) (Year) Date you ceased work ..... (Month) (Day) (Year)

Do you still hold rights to return to the service of such person, company, or institution, *not* an employer under the Act? ..... (Yes or no)

16. (*Answer this question only if you are applying for a disability annuity.*) If you are granted a disability annuity *and* if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were *last* employed prior to the date your annuity begins? ..... (Yes or no)

17. Unless I specify a later date this application designates the earliest date permitted by law as the beginning date of my annuity. (This is ordinarily the day following your last day of compensated service but not more than two months prior to the filing of the application.) If you wish a later date, specify date ..... (Month) (Day) (Year)

REMARKS: .....



All statements in this application are true and complete to the best of my knowledge and belief.

Sworn to before me and subscribed in my presence on Feb 26, 19 45 (Month) (Day) (Year)

(Signed) John D Shaffer (Sign in ink or indelible pencil—do not print)

Date Feb 26, 19 45 (Month) (Day) (Year)

[SEAL] .....

Notary Public.

My commission expires Mar 7-1945

U. S. GOVERNMENT PRINTING OFFICE O-16—7412

APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88a
(10-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

CLAIM NO. (IF ASSIGNED) A-253745

SOCIAL SECURITY ACCOUNT NO. 215-16-2201

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

QUARTERLY REPORTERS – REPORT THE LAST TWO COMPLETED CALENDAR QUARTERS AND THE CURRENT QUARTER THROUGH DATE OF LAST COMPENSATED SERVICE.

ANNUAL REPORTERS – IF PREPARED BEFORE JUNE 1, REPORT THE LAST COMPLETED CALENDAR YEAR AND THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.
IF PREPARED AFTER MAY 31, REPORT ONLY THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.

ALLOWANCES & ADJUSTMENTS – REPORT ANY ALLOWANCES OR ADJUSTMENTS PAID AFTER DATE OF LAST SERVICE IN SECTION IV.

SECTION I — EMPLOYER

Lehigh Valley Railroad Co.

SECTION II — EMPLOYEE IDENTIFICATION

NAME John D Shaffer	DATE LAST WORKED 1-30-46	OCCUPATION Brakeman
		LOCATION Bayonne
PAYROLL NAME John D. Shaffer	DATE RIGHTS RELINQUISHED 1-29-47	DIVISION Bayonne
		DEPARTMENT Trfc

SECTION III — COMPENSATION

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
1946	24.00												24.00

SECTION IV — ALLOWANCE OR ADJUSTMENT NOT INCLUDED IN SEC. III

PERIOD COVERED FROM	PERIOD COVERED TO	AMOUNT	REASON FOR PAYMENT

REMARKS: Compensation includes Back Pay Adjustments.

SECTION V — CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION II OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE W. B. Lehy

TITLE SUPT. OF SHOPS

DATE 1-29-47

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE C. L. Wagner

TITLE Chief of Personnel

DATE Jan. 30, 1947 *UNIT

* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88
(10-6)

CLAIM NO. (IF ASSIGNED)
A-253745

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO.
715-16-2201

THIS SIDE TO BE COMPLETED BY THE EMPLOYEE

IMPORTANT:
IF YOU ARE A MALE UNDER AGE 65 OR A FEMALE UNDER AGE 60 AND ARE CLAIMING AN ANNUITY BASED ON DISABILITY DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME
JOHN DAVID SHAFFER

2. ADDRESS
502 STEVENSON ST
SAYRE, PA

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* (FOR DEFINITION OF EMPLOYER SEE LOWER LEFT CORNER) AND THAT I LAST WORKED FOR AN EMPLOYER* FOR COMPENSATION ON
JAN (MONTH) 30 (DAY) 1946 (YEAR)

I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON
JAN (MONTH) 29 (DAY) 1947 (YEAR)

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?
YES ☐ NO ☑
IF YOUR ANSWER IS "YES", FILL OUT THE SPACES BELOW.

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

STREET AND NUMBER

CITY OR TOWN | STATE

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE
MONTH _____ DAY _____ YEAR _____

NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS" BELOW.

SIGNATURE OF APPLICANT
John D Shaffer

DATE SIGNED Jan 29, 1947

REMARKS
Signed for unemployment insurance until about middle Jan 1947

* DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, CARRIERS BY RAILROAD SUBJECT TO PART I OF THE INTERSTATE COMMERCE ACT, LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC., CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART "ANY . . . INDIVIDUAL . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT . . . FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

APR 18 1947

FORM NO. UI-60b
(9-2)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

COMPARISON OF ANNUITY PAYMENT AND BENEFITS

NAME: John David Shaffer — A- 253745

SOCIAL SECURITY ACCOUNT NO.: 715-16-2201 — REGION: 2

ACCRUAL DATE OF ANNUITY: February 1, 1946

MONTHLY ANNUITY: $75.48

TYPE OF ANNUITY: Age and Service Total

COMPARISON FOR PERIOD PRIOR TO 1940 AMENDMENTS

1. FIRST DAY OF UNEMPLOYMENT FOR WHICH BENEFITS WERE PAID ON OR AFTER ACCRUAL DATE AND IN A HALF-MONTH BEGUN BEFORE NOVEMBER 1, 1940.	DATE
2. LAST DAY FOR WHICH BENEFITS PAID IN LAST HALF-MONTH BEGUN PRIOR TO NOVEMBER 1, 1940.	DATE
3. ANNUITY FROM ACCRUAL DATE TO THE DATE IN ITEM NO. 2.	$
4. BENEFITS FROM DATE IN ITEM NO. 1 TO DATE IN ITEM NO. 2. (LIST ON REVERSE SIDE IF EQUAL TO OR LESS THAN AMOUNT IN ITEM NO. 3)	$ None

COMPARISON FOR PERIOD SUBSEQUENT TO 1940 AMENDMENTS

PERIOD FROM 1946	PERIOD TO 1946	DAILY BENEFIT RATE	DAYS OF UNEMPLOYMENT TOTAL	DAYS OF UNEMPLOYMENT FROM ACCRUAL	APPORTIONABLE BENEFITS	APPORTIONABLE ANNUITY	BENEFITS PAYABLE FOR REGISTRATION PERIOD	BENEFITS PAID FOR REGISTRATION PERIOD	RECOVERABLE UNDER SECTION 4(a)(v)	COMP. DAYS	RECLASS.
1-31	2-13	4.00	14	13	26.00	32.7080	2.0000	28.00	26.0000	7	27
2-14	2-27			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
2-28	3-13			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
3-14	3-27			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
3-28	4-10			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
4-11	4-24			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
4-25	5- 8			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
5- 9	5-22			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
5-23	6- 5			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
6- 6	6-19			14	40.00	35.2240	4.7760	40.00	35.2240	10	2
6-20	7- 3			7	12.00	17.6120	--	12.00	12.0000	3	2X-3
7- 4	7-17			14	28.00	35.2240	--	28.00	28.0000	0	27-1
7-18	7-31			14	41.00	35.2240	5.7760	41.00	35.2240	10	2
8- 1	8-14			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
8-15	8-28			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
8-29	9-11			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
9-12	9-25			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
9-26	10- 9			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
10-10	10-23			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
10-24	11- 6			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
11- 7	11-20			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
11-21	12- 4			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
12- 5	12-18			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
12-19	1- 1-47			14	50.00	35.2240	14.7760	50.00	35.2240	10	2
1-2-47	1-15-47			14	50.00	35.2240	14.7760	50.00	35.2240	10	2X

5. RECOVERABLE UNDER SECTION 4(a)(v) (LIST ON REVERSE SIDE)	$ 840.9280
6. AMOUNT OF ERRONEOUS PAYMENTS (LIST ON REVERSE SIDE)	$ None
7. TOTAL TO BE SET OFF AGAINST ANNUITY	$ 840.93

PREPARED BY	REVIEWED BY	CERTIFYING OFFICER
Dan Kutzka	[signature]	A. L. Schwartz
DATE 4/21/47	DATE 4/24/47	DATE 5-6-47

LIST FOR AMOUNTS SHOWN IN ITEMS NO. 4, 5, AND 6 ON FRONT

DATE		CHECK NUMBER	PAYMENT LIST NUMBER	D.O. VOUCHER NUMBER	AMOUNT		
BEGINNING	ENDING				ITEM 4	ITEM 5	ITEM 6
		22884390	509	2-185164		26.0000	
1-31-46	2-13-46	23657379	631	2-225007		35.2240	
2-14-46	2-27-46	23780281	754	2-254747		35.2240	
2-28-46	3-13-46	23824173	873	2-283021		35.2240	
3-14-46	3-27-46	7016626	992	2-327025		35.2240	
3-28-46	4-10-46	7173688	1118	2-363832		35.2240	
4-11-46	4-24-46	7291395	1261	2-406807		35.2240	
4-25-46	5- 8-46	8756146	1449	2-454109		35.2240	
5- 9-46	5-22-46	8945065	1738	2-502837		35.2240	
5-23-46	6- 5-46	9405288	1949	2-1347		35.2240	
6- 6-46	6-19-46	9484420	94	2-33252		12.0000	
6-20-46	7- 3-46						
7- 4-46	7-17-46	9619475	234	2-63262		28.0000	
7-18-46	7-31-46	9769352	372	2-100751		35.2240	
7-18-46	7-31-46 Adj.	33765914	3210	2-196609			
8- 1-46	8-14-46	9924597	516	2-154299		35.2240	
8-15-46	8-28-46	10017277	679	2-173272		35.2240	
8-29-46	9-11-46	10129446	824	2-204374		35.2240	
9-12-46	9-25-46	10276781	942	2-246485		35.2240	
9-26-46	10- 9-46	10409357	1090	2-287826		35.2240	
10-10-46	10-23-46	10538962	1240	2-330143		35.2240	
10-24-46	11- 6-46	10729084	1387	2-372837		35.2240	
11- 7-46	11-20-46	18916987	1611	2-429560		35.2240	
11-21-46	12- 4-46	18987965	1686	2-452057		35.2240	
12- 5-46	12-18-46	19114464	1849	2-481763		35.2240	
12-19-46	1- 1-47	19246615	2052	2-516256		35.2240	
1- 2-47	1-15-47	19593982	2179	2-546766		35.2240	
1- 2-47	1-15-47	33784866	3255	2-232004			
				TOTAL		840.9280	

REMARKS

An application for annuity based on age and service, signed February 26, 1945 and officially filed February 28, 1945, indicates that the applicant's claimed date of birth is October 27, 1876, and that he was still in the service of the Lehigh Valley Railroad Company. No beginning date was specified.

Form G-88, completed January 29, 1947 and Form G-88a, completed January 30, 1947, indicate that the claimant last worked January 30, 1946 and relinquished his rights January 29, 1947.

UI-60b (9-2)

Computer.

If regular Average is greater than "Optional Average", return file to me.

In Computing regular Average use Compensation thru year of attainment of age 65 and Service thru Month of attainment of age 65 - 58 month.

Ed Lauermon
Pub Service

RETURN TO:

☐ CLAIM FILES UNIT ☐ FOR FILE ONLY
OFFICE OF SUPPLY AND SERVICE

☐ DIVISION OF ADJUDICATION
BUREAU OF RETIREMENT CLAIMS

FORM NO. G-73
(10-4)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF SUBSEQUENT SERVICE AND EARNINGS

CLAIM NO. A-253745

SOCIAL SECURITY ACCOUNT NUMBER 715-16-2201

DATE PREPARED FEB 19 1947

DATE OF BIRTH October 27, 1876

DATE ATTAINED AGE 65 October 26, 1941

LAST I.C.C. CODE NUMBER 53

NAME OF LAST EMPLOYER: Lehigh Valley Railroad Company

dmg

IDENTIFICATION

NAME			PAYROLL NAME		
Shaffer, (LAST)	John (FIRST)	David (MIDDLE)	Shaffer, (LAST)	John (FIRST)	D. (MIDDLE)

ADDRESS

DATE LAST WORKED: January 30, 1946

OCCUPATION	LOCATION	DEPARTMENT OR DIVISION	DATE RIGHTS RELINQUISHED
Boilermaker	Sayre, Pennsylvania	M. of E.	January 29, 1947

EMPLOYER WILL REPORT EARNINGS FROM JANUARY 1, 19 TO 19 19 TO DATE OF LAST COMPENSATED SERVICE, AND FROM

ITEMS APPLICABLE:

☐ MINIMUM ANNUITY INVOLVED: WAS COMPENSATION EARNED IN MONTH IN WHICH APPLICANT ATTAINED AGE 65? (REPLY REQUIRED ONLY IF COMPENSATION IS NOT REPORTED FOR EVERY MONTH). YES ☐ NO ☐

☐ FURNISH G-122 FOR COMPENSATION FROM _____ 19__, TO _____ 19__.

☐ SUPPLEMENTAL REQUEST: CERTIFY COMPENSATION FROM _____ 19__, TO _____ 19__.

☐ APPLICANT REQUESTS THE FOLLOWING INFORMATION BE KEPT CONFIDENTIAL:

SERVICE AND COMPENSATION REPORTED IN 1940

EMPLOYER NUMBER(S)	ITEM	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	SERVICE MONTHS	COMPENSATION
	SERVICE MONTHS						
	AMOUNT OF COMPENSATION						$
REPORTED TO END OF PRECEDING CALENDAR YEAR							
TOTAL THROUGH LAST COMPLETED CALENDAR QUARTER					December 1945	108	1918.12
☐ TOTAL TO AGE 65 OR THROUGH JUNE 30, 1937, WHICHEVER IS LATER; OR ☒ TOTAL THROUGH YEAR IN WHICH AGE 65 WAS ATTAINED.						60	875.95
☐ TOTAL AFTER AGE 65 OR JUNE 30, 1937, WHICHEVER IS LATER. ☒ TOTAL SUBSEQUENT TO YEAR IN WHICH AGE 65 WAS ATTAINED.						48	1042.17
TOTAL FOR YEAR IN WHICH AGE 65 WAS ATTAINED. (APPLIES ONLY TO ANNUAL REPORTER)						12	212.35

CHECKED BY	DATE
DMG	3/17/47
REVIEWED BY	DATE
DMG	3/18/47

I CERTIFY THAT THE SERVICE AND CREDITABLE COMPENSATION ENTERED ABOVE ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND ARE CORRECT ACCORDING TO THE RECORDS OF THIS BUREAU. ALL COMPENSATION INCLUDED IN THIS CERTIFICATION HAS BEEN REPORTED AS EARNED IN THE SERVICE OF AN EMPLOYER UNDER THE ACT.

MAR 19 1947
DATE

Edward A. Jaburek
FOR DIRECTOR, WAGE AND SERVICE RECORDS

RRB FORM G-367 (3-6)

ESTABLISHMENT OF PRIOR SERVICE AND OTHER BASIC DATA FOR AWARDS UNDER ACT OF 1937

NAME

LAST (50-61) FIRST (64-67) MIDDLE (70)

ADDRESS

CLAIM NO. (1-6) A-253745

S.S.A. NO. (1-9) 715-16-2201

DATE OF BIRTH ESTABLISHED 10-27-1876 NO ☐

1. SERVICE PRIOR TO JANUARY 1, 1937

	AA-2P'S RELEASED	AA-2P'S RECEIVED	NAME OF EMPLOYER	TOTAL MONTHS CREDITED	TOTAL C MONTHS	M MONTHS BY PERIODS EMP. NO.	M	5% OR CLAIMED ABSENCE	NET
1									
2									
3									
4									
5									
6									
7									
			TOTAL SERVICE PRIOR TO 1-1-37	317					

2. COMPUTATION OF AVERAGE COMPENSATION		MONTHS	EQUIVALENT YEARS	EQUIVALENT MONTHS	CRED. MONTHS	COMPENSATION	AVERAGE
1	TEST PERIOD	84				$11926.25	$141.98
2	SERVICE PRIOR TO JANUARY 1, 1937 ADJUSTED	302					
3	PERIOD JANUARY 1 TO JUNE 30, 1937, OR IF LATER, THROUGH MONTH OF ATTAINMENT OF AGE 65— Oct 19 41	58				$ 8152.95	
4	TOTAL EMPLOYER SERVICE	360	30	-	360	(WEIGHTED)	$143.42
5	MILITARY SERVICE CREDITED						
6	TOTAL SERVICE PERIOD						
7	MILITARY SERVICE USED FOR OTHER BENEFITS						
8	TOTAL, EXCLUDING ITEM 7						
9	DIFFERENCE BETWEEN ITEMS 6 AND 8						
10	PERIOD AFTER LAST DATE IN ITEM 3	51				$10,676.17	
11	PERIOD OF OPTIONAL AVERAGE	411					$151.60

ESTABLISHMENT OF PRIOR SERVICE RECORD

ADJUDICATOR: C W Guernsey DATE: 4-7-47 COMPUTER: VERIFIER:

COMPUTATION OF ANNUITY

COMPUTER: RM VERIFIER: MP

3. DISPOSITION

DISP'N	DATE
12	14-17
(1)	(2)

4. STATISTICAL DATA

RACE AND SEX	DATE OF BIRTH	OCCUPATION 8-29-35
28	29-31	32-34

EMPLOYER 8-29-35	BASIS OF ER DET.	D.L.W. PRIOR 8-29-35	PS AFTER 8-29-35
35-38	39-40	41-42	43

5. TOTAL SERVICE

(FOR USE ONLY IN ESTABLISHMENT OF PRIOR SERVICE)

SUBSEQUENT SERVICE	
TOTAL PRIOR AND SUBSEQUENT SERVICE	
SOURCE OF SUBSEQUENT SERVICE	INITIALS

REMARKS

44-0021 1

FORM NO. G-356-REVISED
(3-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NOTICE OF AWARD OF ANNUITY UNDER THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

FORM PRESCRIBED BY
COMPTROLLER GENERAL, U.S.
MAY 15, 1946

ITEM	DATE
ANNUITY APPLICATION FILED	2-28-45
LAST SERVICE	1-30-46
ALL EMPLOYERS RIGHTS RELINQUISHED	1-29-47
ANNUITY BEGINS	2-1-46
BIRTH OF EMPLOYEE	10-27-1876
BIRTH OF SPOUSE	
DEATH OF EMPLOYEE	
DEATH BENEFIT APPLICATION FILED	

CLAIM NUMBER A-253745

SOCIAL SECURITY ACCOUNT NO. 715-16-2201

ADMINISTRATIVE VOUCHER NO.

NAME OF EMPLOYEE SAME

NAME AND ADDRESS OF PAYEE JOHN DAVID SHAFFER
502 STEVENSON STREET
SAYRE, PENNSYLVANIA.

CERTIFICATION

☒ FINAL
☐ SUBJECT TO RECERTIFICATION

REASON _____

ON THE BASIS OF AN APPLICATION FOR BENEFITS UNDER THE RAILROAD RETIREMENT ACT AND DECISIONS UPON ISSUES OF LAW AND FACT, CERTIFICATION UNDER SECTION 2(a)1 OF THE 1937 ACT HAS BEEN MADE FOR PAYMENT TO THE ANNUITANT, OR TO HIS FIDUCIARY, OR TO HIS BENEFICIARY, IDENTIFIED ABOVE, IN THE AMOUNTS SHOWN IN ITEMS 9 AND 14 OF THE FOLLOWING STATEMENT.

(INSERT THE WORD "NONE" FOR ITEMS NOT APPLICABLE)

1. WAS TOTAL AND PERMANENT DISABILITY ESTABLISHED? None (YES OR NO)
2. TOTAL YEARS OF SERVICE 30. [ACTUAL TOTAL YEARS OF SERVICE _____ INCLUDING _____ YEARS OF MILITARY SERVICE]
3. AVERAGE MONTHLY COMPENSATION [FACTOR 2.5160] $ 151.60
4. NORMAL ANNUITY (AS PROVIDED BY SEC. 2(a)1 AND SEC. 2(a)3 OF THE ACT) $ 75.48
5. NET ANNUITY (___/180 DEDUCTED FROM ITEM 4 UNDER SEC. 2(a)2 OF THE ACT BECAUSE ANNUITY BEGINS TO ACCRUE BEFORE AGE 65) $ none
6. MINIMUM ANNUITY [E-65 S-20] (AS PROVIDED IN SEC. 3(e) OF THE ACT) $ none
7. REDUCED ANNUITY [RATIO ____% $ _____] ($_____ DEDUCTED FROM ITEM _____ BECAUSE OF MILITARY SERVICE TOTALING _____ YEARS AND _____ MONTHS USED IN THIS AWARD FOR WHICH OTHER BENEFITS OF $_____ ARE PAYABLE) $ none
8. JOINT AND SURVIVOR OPTION none (AS PROVIDED BY SECTION 4 OF THE ACT)
   8a. AGE OF APPLICANT _____ [_____%] $ none
   8b. AGE OF SPOUSE _____ [_____% $_____]
9. MONTHLY AMOUNT PAYABLE (ENTER 4, 5, 6, 7, OR 8, WHICHEVER IS APPLICABLE) $ 75.48
10. ON THE ____ DAY OF _____, 19____, THE _____ COURT APPOINTED _____ AS _____ OF _____ WHOSE DOMICILE IS _____ AND SUCH APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

REMARKS: _____

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	14
11. PAYABLE BY THIS CERTIFICATION	$ 75.48	2-1-46	3-31-47	14.	$ 1056.72	NET AMOUNT NOW PAYABLE
12. LESS PREVIOUS PAYMENTS PREVIOUS D.O. VOUCHER NUMBER:	$				$	
13. ADJUSTMENTS					$	$ 1056.72

ADJUDICATOR

COMPUTER 4-9-47

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b)5 OF THE RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE AMOUNTS AS SHOWN IN ITEMS 9 AND 14.

DATE APR 11 1947, 19____.

SIGNATURE _____
AUTHORIZATION OFFICER

FORM NO. G-356-REVISED
(3-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NOTICE OF AWARD OF ANNUITY UNDER THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

FORM PRESCRIBED BY
COMPTROLLER GENERAL, U.S.
MAY 15, 1946

ITEM	DATE
ANNUITY APPLICATION FILED	2-28-45
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ALL EMPLOYERS RIGHTS RELINQUISHED	1-29-47
ANNUITY BEGINS	2-1-46
BIRTH OF EMPLOYEE	10-27-1876
BIRTH OF SPOUSE	
DEATH OF EMPLOYEE	
DEATH BENEFIT APPLICATION FILED	

CLAIM NUMBER: A-253745

SOCIAL SECURITY ACCOUNT NO.: 715-16-2201

ADMINISTRATIVE VOUCHER NO.:

NAME OF EMPLOYEE: SAME

NAME AND ADDRESS OF PAYEE: JOHN DAVID SHAFFER, 502 STEVENSON STREET, SAYRE, PENNSYLVANIA

CERTIFICATION

- [X] FINAL
- [ ] SUBJECT TO RECERTIFICATION

REASON: _____

ON THE BASIS OF AN APPLICATION FOR BENEFITS UNDER THE RAILROAD RETIREMENT ACT AND DECISIONS UPON ISSUES OF LAW AND FACT, CERTIFICATION UNDER SECTION 2(a)1 OF THE 1937 ACT HAS BEEN MADE FOR PAYMENT TO THE ANNUITANT, OR TO HIS FIDUCIARY, OR TO HIS BENEFICIARY, IDENTIFIED ABOVE, IN THE AMOUNTS SHOWN IN ITEMS 9 AND 14 OF THE FOLLOWING STATEMENT.

(INSERT THE WORD "NONE" FOR ITEMS NOT APPLICABLE)

1. WAS TOTAL AND PERMANENT DISABILITY ESTABLISHED? None (YES OR NO)
2. TOTAL YEARS OF SERVICE 31. [ACTUAL TOTAL YEARS OF SERVICE _____ INCLUDING _____ YEARS OF MILITARY SERVICE]
3. AVERAGE MONTHLY COMPENSATION [FACTOR 5.160] $ 161.10
4. NORMAL ANNUITY (AS PROVIDED BY SEC. 2(a)1 AND SEC. 2(a)3 OF THE ACT) $ 15.48
5. NET ANNUITY (180 DEDUCTED FROM ITEM 4 UNDER SEC. 2(a)2 OF THE ACT BECAUSE ANNUITY BEGINS TO ACCRUE BEFORE AGE 65) $ none
6. MINIMUM ANNUITY [E-65 S-20] (AS PROVIDED IN SEC. 3(e) OF THE ACT) $ none
7. REDUCED ANNUITY [RATIO ____ % $ _____] ($ _____ DEDUCTED FROM ITEM _____ BECAUSE OF MILITARY SERVICE TOTALING _____ YEARS AND _____ MONTHS USED IN THIS AWARD FOR WHICH OTHER BENEFITS OF $ _____ ARE PAYABLE) $ none
8. JOINT AND SURVIVOR OPTION None (AS PROVIDED BY SECTION 4 OF THE ACT)
   - 8a. AGE OF APPLICANT _____ [_____ %] $ none
   - 8b. AGE OF SPOUSE _____ [_____ % $ _____]
9. MONTHLY AMOUNT PAYABLE (ENTER 4, 5, 6, 7, OR 8, WHICHEVER IS APPLICABLE) $ 15.48
10. ON THE _____ DAY OF _____, 19____, THE _____ COURT APPOINTED _____ AS _____ OF _____ WHOSE DOMICILE IS _____ AND SUCH APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

REMARKS: _____

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	14
11. PAYABLE BY THIS CERTIFICATION	$ 15.48	2-1-46	3-31-47	14	$ 216.72	NET AMOUNT NOW PAYABLE
12. LESS PREVIOUS PAYMENTS PREVIOUS D.O. VOUCHER NUMBER:	$				$	
13. ADJUSTMENTS					$	$ 216.72

ADJUDICATOR: [signature]

COMPUTER: [illegible]

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b)5 OF THE RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE AMOUNTS AS SHOWN IN ITEMS 9 AND 14.

DATE APR 11 1947, 19____.

SIGNATURE H J Creeden
AUTHORIZATION OFFICER

FORM NO. G-364
(4-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CLAIM FOR ANNUITY SUMMARY RECORD

1. CLASS I ☐
REASON

2. CHANGED TO CLASS II (DATE)

3. CLAIM NO. A-253745

4. SOCIAL SECURITY ACCOUNT NUMBER

5. 1935 3(a) ☐ 3(b) ☐ 3(c) ☐
1937 2(a)1 ☐ 2(a)2(a) ☐ 2(a)2(b) ☐ 2(a)3 ☐

6. SEX

7. NAME (MR., MRS., MISS)

8. ADDRESS

9. STATE (RESIDENCE)

10. RACE

11. OCCUPATION (CODE)

12. DATE LAST WORKED (CODE)

13. BIRTH DATE (CODE)

14. AGE AT ACCRUAL (CODE)

15. SINGLE LIFE ☐
OPTION A ☐ B ☐ C ☐

16. LAST EMPLOYER (CODE)

17. NO. OF EMPLOYERS (CODE)

IN ITEMS BELOW CHECK (X) FOR "YES," LEAVE BLANK FOR "NO," ENTER (0) FOR NOT REQUIRED

18. FILING DATE ANNUITY APPLICATION

18a. FILING DATE MILITARY SERVICE CLAIM

19. BEGINNING DATE REQUESTED

20. DATE LAST EMPLOYER SERVICE

21. LAST SERVICE FOR "OTHER" PERSON ☐

BEGINNING DATE	ENDING DATE

22. DATE RIGHTS RELINQ. WITH EMPLOYER

22a. DATE RIGHTS RELINQ. WITH "OTHER" PERSON

23. RELINQUISHMENT CONFIRMED
EMPLOYER ☐ OTHER ☐

24. BEGINNING DATE SET - ANNUITY

24a. BEGINNING DATE SET - INCREASE

25. BIRTH DATE OF APPLICANT

CLAIMED	EVIDENCE	VERIFIED

26. ALL NAMES IN ORDER OR RECONCILED ☐

27. EMPLOYER STATUS ESTABLISHED ☐

28. MISS. RECORDS OR INSUFFICIENT SERV. IN TEST PERIOD
INVOLVED ☐ AVER. COMP. ESTABL'D ☐

29. COMPETENCY

QUESTIONED	COMPETENT	INCOMPETENT
☐	☐	☐

GUARDIANSHIP PAPERS IN ORDER ☐

30. RULING ON POINT OF LAW PENDING ☐ COMPLETED ☐

EXPLANATION

31. MILITARY SERVICE CLAIMED ☐

PRECEDING EMPLOYER SERVICE	SERVICE REPORT	VETERANS ADMINISTRATION REPORT	MILITARY SERVICE
	REQUESTED ☐ RECEIVED ☐	REQUESTED ☐ RECEIVED ☐	ALLOWED ☐ DENIED ☐

REMARKS (INCLUDE NAMES AND ADDRESSES OF PERSONS TO BE NOTIFIED OF AWARD AND OF ANY PERSON TO WHOM POWER OF ATTORNEY HAS BEEN GRANTED, CITING DATE AND REFERENCE)

ITEMS 32 TO 39 FOR OPTION ONLY

32. DATE OPTION ELECTED

33. DATE OPTION CONFIRMED

34. HEALTH PROVED ☐

35. MARRIAGE PROVED ☐

36. BIRTH DATE OF SPOUSE

CLAIMED	EVIDENCE	VERIFIED

37. TABLE USED: NORMAL ☐ SUBNORMAL LIFE ☐

38. WAIVER FROM SPOUSE ☐

39. DATE OPTION INOPERATIVE

REASON

40. EMPLOYMENT RELATION ON AUGUST 29, 1935

INVOLVED	ESTABLISHED	DENIED
☐	☐	☐

41. EMPLOYEE AT AGE 65 ☐

42. DISABILITY CLAIMED ☐

DENIED ☐ EFFECTIVE FROM (DATE)

43. DATE FORM RR-12 ACTION COMP.

44. DATE FORM RR-15 ACTION COMP.

45. DATE (APPLICANT) (ANNUITANT) DIED

46. DATE JOINT ANNUITANT DIED

47. FORM G-60 FILED ☐

48. DATE RELEASED FOR CERTIFICATION

49. SUBJECT TO RECERTIFICATION ☐

REASON (IF SUBJECT TO RECERTIFICATION)

50. SIGNATURE OF EXAMINER

(FOR CODES)

FORM NO. G-356-REVISED
(3-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NOTICE OF AWARD OF ANNUITY UNDER THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

FORM PRESCRIBED BY
COMPTROLLER GENERAL, U.S.
MAY 15, 1946

ITEM	DATE
ANNUITY APPLICATION FILED	2-28-47
LAST SERVICE	1-30-46
ALL EMPLOYERS RIGHTS RELINQUISHED	1-29-47
ANNUITY BEGINS	2-1-46
BIRTH OF EMPLOYEE	10-27-76
BIRTH OF SPOUSE	
DEATH OF EMPLOYEE	
DEATH BENEFIT APPLICATION FILED	

CLAIM NUMBER A-2537455

SOCIAL SECURITY ACCOUNT NO. 715-16-2201

ADMINISTRATIVE VOUCHER NO. 87346

NAME OF EMPLOYEE SAM E JUN 12 1947

NAME AND ADDRESS OF PAYEE: JOHN DAVID SHAFFER, 502 STEVENSON STREET, SAYRE, PENNSYLVANIA

CERTIFICATION

[X] FINAL
[ ] SUBJECT TO RECERTIFICATION

REASON _____

ON THE BASIS OF AN APPLICATION FOR BENEFITS UNDER THE RAILROAD RETIREMENT ACT AND DECISIONS UPON ISSUES OF LAW AND FACT, CERTIFICATION UNDER SECTION 2 (c) (1) OF THE 1937 ACT HAS BEEN MADE FOR PAYMENT TO THE ANNUITANT, OR TO HIS FIDUCIARY, OR TO HIS BENEFICIARY, IDENTIFIED ABOVE, IN THE AMOUNTS SHOWN IN ITEMS 9 AND 14 OF THE FOLLOWING STATEMENT.

(INSERT THE WORD "NONE" FOR ITEMS NOT APPLICABLE)

1. WAS TOTAL AND PERMANENT DISABILITY ESTABLISHED? None (YES OR NO)
2. TOTAL YEARS OF SERVICE _____. [ACTUAL TOTAL YEARS OF SERVICE _____ INCLUDING _____ YEARS OF MILITARY SERVICE]
3. AVERAGE MONTHLY COMPENSATION [FACTOR 2.5 (1.0)] $ 151.00
4. NORMAL ANNUITY (AS PROVIDED BY SEC. 2(a)1 AND SEC. 2(a)3 OF THE ACT) $ 75.48
5. NET ANNUITY ($\frac{}{180}$ DEDUCTED FROM ITEM 4 UNDER SEC. 2(a)2 OF THE ACT BECAUSE ANNUITY BEGINS TO ACCRUE BEFORE AGE 65) $ _____
6. MINIMUM ANNUITY [E-65 S-20] (AS PROVIDED IN SEC. 3(e) OF THE ACT) $ _____
7. REDUCED ANNUITY [RATIO ____% $ _____] ($ _____ DEDUCTED FROM ITEM _____ BECAUSE OF MILITARY SERVICE TOTALING _____ YEARS AND _____ MONTHS USED IN THIS AWARD FOR WHICH OTHER BENEFITS OF $ _____ ARE PAYABLE) $ _____
8. JOINT AND SURVIVOR OPTION None (AS PROVIDED BY SECTION 4 OF THE ACT)
   8a. AGE OF APPLICANT _____ [_____%] $ _____
   8b. AGE OF SPOUSE _____ [_____% $ _____] $ _____
9. MONTHLY AMOUNT PAYABLE (ENTER 4, 5, 6, 7, OR 8, WHICHEVER IS APPLICABLE) $ 75.48
10. ON THE _____ DAY OF _____, 19____, THE _____ COURT APPOINTED _____ AS _____ OF _____ WHOSE DOMICILE IS _____ AND SUCH APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

REMARKS: _____

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	14
11. PAYABLE BY THIS CERTIFICATION	$ 75.48	2-1-46	12-31-47	16	$ 1207.68	NET AMOUNT NOW PAYABLE
12. LESS PREVIOUS PAYMENTS PREVIOUS D.O. VOUCHER NUMBER:	$				$	
13. ADJUSTMENTS Recovery of Unemployment Insurance Benefits from 2-1-46 to 1-15-47 Treasurer of the United States					$ 840.93	$ 366.75 840.93

ADJUDICATOR A Beeler

COMPUTER [illegible] 6-5-47

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b)5 OF THE RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE AMOUNTS AS SHOWN IN ITEMS 9 AND 14.

DATE JUN 11 1947, 19____. SIGNATURE H J Creeden
AUTHORIZATION OFFICER

RL-36a
(10-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUN 13 1947

BUREAU OF RETIREMENT CLAIMS

Mr. John David Shaffer
502 Stevenson Street
Sayre, Pennsylvania

In reply refer to
Claim no. A-253745

Dear Sir:

The Board is pleased to inform you that on the basis of your application and the evidence of record, you have been awarded an annuity under Section 2 (a) 1 of the Railroad Retirement Act of 1937. The beginning date of your annuity is February 1, 1946 and the monthly amount to which you are entitled is $ 75.48.

In the adjudication of your claim 30 and 0/12 years of service were proved and your average monthly compensation was found to be $ 151.60. As you probably know, the total service which can be counted in calculating an annuity may not exceed thirty years, and compensation in excess of $300 in any one calendar month may not be included.

At the earliest practicable date, and as soon as the necessary arrangements for payment have been completed, you will receive a check for $ 366.75* covering the amount due you from February 1, 1946 which, as shown above is the beginning date of your annuity, to May 31, 1947. Thereafter, during your lifetime, regular monthly payments of $ 75.48 will be mailed to reach you about the fifth day of each month to cover the amount due for the preceding month.

In the event you return to work the Act provides that no annuity shall be paid for any month in which you render compensated service (1) to an employer as defined in the Act, or (2) to the last person by whom you were employed prior to the date on which your annuity began to accrue, or (3) to any person with whom you held rights to return to service at the time your annuity began to accrue, or (4) to any person with whom you ceased service in order to have your annuity begin to accrue. The Act further provides that any person receiving an annuity shall report to the Board immediately all such compensated service. However, service rendered as an employee of a local lodge or division of a national railway labor organization shall not affect your annuity and need not be reported if you earn less than $3.00 a month for such service.

The Board takes pleasure in sending you a certificate evidencing the fact that you have retired from service and are entitled to receive an annuity. If, in the future, any questions arise in connection with your annuity, it is suggested that, instead of writing to the Board at 844 Rush Street, Chicago 11, Illinois, you take the matter up with a field representative of the Board located at any of the addresses shown on the enclosed list of Regional and district managers' offices and furnish him with this letter.

* Amount due after deduction of $840.93 because you received unemployment insurance benefits for a period after the beginning date of your annuity.

Yours very truly,

John W. Callender
Director of Retirement Claims

Enclosures
Certificate of annuity
T-83

AB.

(4)

RL-5a
(3-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

JUN 18 1947

Mr. R.E. Gaugh, Comptroller
Lehigh Valley Railroad Company
143 Liberty Street
New York 6, New York

In reply refer to
Claim No. A-253745
S.S.A. No. 715-16-2201

Dear Sir:

This is to advise that effective February 1, 1946, the person whose name appears below and whose last employer service was rendered your company has, in accordance with the provisions of the Railroad Retirement Act, been awarded a full annuity under Section 2(a) Sub-Section 1.

Name	John David Shaffer	Last Occupation	Boilermaker
Address	502 Stevenson Street	Location or Division	Sayre, Pennsylvania M. of E.
	Sayre, Pennsylvania	Date of Last Service	January 30, 1946

The Railroad Retirement Board should be immediately notified if at any time this annuitant returns to compensated service for your company.

Yours very truly,

Callender

John W. Callender
Director of Retirement Claims

fg

CERTIFIED A-253745

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88a Sup.
(10-6)

CLAIM NO. (IF ASSIGNED)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

SOCIAL SECURITY ACCOUNT NO. 715-16-2201

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

QUARTERLY REPORTERS – REPORT THE LAST TWO COMPLETED CALENDAR QUARTERS AND THE CURRENT QUARTER THROUGH DATE OF LAST COMPENSATED SERVICE.

ANNUAL REPORTERS – IF PREPARED BEFORE JUNE 1, REPORT THE LAST COMPLETED CALENDAR YEAR AND THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.
IF PREPARED AFTER MAY 31, REPORT ONLY THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.

ALLOWANCES & ADJUSTMENTS – REPORT ANY ALLOWANCES OR ADJUSTMENTS PAID AFTER DATE OF LAST SERVICE IN SECTION IV.

SECTION I — EMPLOYER

LEHIGH VALLEY R. R. CO. 1211

SECTION II — EMPLOYEE IDENTIFICATION

NAME	DATE LAST WORKED	OCCUPATION
SHAFFER, JOHN D.	1-30-46	BOILERMAKER
PAYROLL NAME	DATE RIGHTS RELINQUISHED	LOCATION SAYRE, PA.
JOHN D. SHAFFER	1-29-47	DIVISION
		DEPARTMENT M.E.

SECTION III — COMPENSATION

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL

SECTION IV — ALLOWANCE OR ADJUSTMENT NOT INCLUDED IN SEC. III

PERIOD COVERED FROM	PERIOD COVERED TO	AMOUNT	REASON FOR PAYMENT
JAN. 1946		90.00	Vacation allowance in April 1947
"	"	37.00	Do. adj. —

REMARKS

Ba 4-a #38 - April 1947
" " #51 May "

SECTION V — CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION II OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE _____

TITLE _____

DATE _____

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE C. H. Wagner

TITLE Chief of Personnel

DATE JUN 20 1947 *UNIT _____

* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

Sayre Pa.
Aug 8-1947

Railroad Retirement Board
844 Rush Street
Chicago Ill

Change in address
Instead of 502 Stevenson
Street Sayre Pa.
Please send to new
address. Retirement pension
John David Shaffer
713 Elmer ave
Sayre
Pennsylvania

Claim No
A2537 45

TO TREASURY

OLD ADDRESS	DATE	R .R. B. CLAIM NO.
502 Stevenson St., Sayre, Penn.	8/19/47	A 2 5 3 7 4 5

REVIEWED BY

PLATE IMPRESSION

$**75 DOLLARS 48CTS $**75.48*

JOHN D SHAFFER A-253745

713 EHNER AVE

SAYRE PA

FILE ONLY

FORM NO.(4-6) G-607

NOTICE OF CHANGE OF ADDRESS

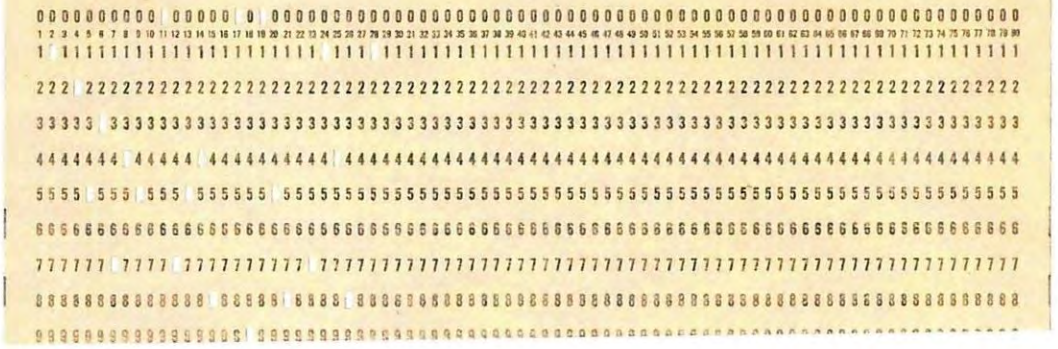
U. S. RAILROAD RETIREMENT BOARD

NEW ADDRESS FOR PLATE

John David Shaffer
713 Ehner Avenue
Sayre, Pennsylvania

A-253745

A 253745 07548 09058 7148 J



FORM NO. G-107
(2-7)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATISTICAL SUMMARY FOR EMPLOYEE ANNUITY INF

ADMINISTRATION VOUCHER NO. 67346

DATE

NO.	FIELD	DATA	NO.	FIELD	DATA	NO.	FIELD	DATA
1	IDENTIFICATION		11	YEAR OF BIRTH	76.	21	TYPE OF SERVICE	3.
2	CLAIM NUMBER	253745	12	AGE AT ACCRUAL	69.	22	MONTHS OF CUT-BACK	00.
3	ACT	1.	13	CAUSE OF RETIREMENT	1.	23	SINGLE-LIFE ANNUITY	07548.
4	SEX-RACE	0.	14	EMPLOYMENT RELATION	0.	24	ACCRUAL DATE	0246.
5	STATE	36.	15	ACCOUNTING MONTH OF CERTIFICATION	67.	25	ACTUAL ANNUITY	07548.
6	DATE LAST WORKED	0146.	16	ACCOUNTING MONTH OF TERMINATION		26	OPTION	0.
7	NON-COVERED EMPLOYMENT	0.	17	AVERAGE SUBSEQUENT COMPENSATION	179.	27	AGE OF SPOUSE	—.
8	LAST COVERED EMPLOYER	1211.	18	MONTHLY COMPENSATION	151.	28	CAUSE OF TERMINATION	—.
9	LAST OCCUPATION	055.	19	SUBSEQUENT SERVICE MONTHS	060.	29	DATE OF TERMINATION	—.
10	OCCUPATIONAL GROUP	07.	20	TOTAL SERVICE CREDITED	3000.		TIME LAG	99.

FORM NO. RR-4 Special
(3-51)

RAILROAD RETIREMENT BOARD

REQUEST FOR INSURED STATUS OF WAGE EARNER AND AMOUNT OF OLD AGE BENEFIT

RRB BLOCK NO. X 53 — 15425

RRB CLAIM NO. A-253745

1 NAME OF EMPLOYEE: SHAFFER (Last) JOAN (First) DAVID (Middle)

ADDRESS: 713 Elmer Ave. Leesburg, Ga.

2 SOCIAL SECURITY ACCOUNT NO. 715-16-2201

3 DATE OF BIRTH: 10-27-76

ACCOUNTING OPERATIONS DIVISION	FIELD OFFICE	AREA OFFICE
☑ NOT INSURED AS OF 11-13-57 (DATE)	☐ NOT INSURED AS OF _____ (DATE)	☐ NOT ENTITLED
☐ APPARENTLY INSURED.	☐ INSURED BUT DOES NOT DESIRE TO FILE CLAIM: MONTHLY BENEFIT POTENTIALLY PAYABLE $ _____ FIRST MONTH OF POTENTIAL ENTITLEMENT OR MONTH RRB PAYMENTS BEGIN, WHICHEVER IS LATER. _____	☐ ENTITLED: MONTHLY BENEFIT PAYABLE $ _____ FIRST POSSIBLE MONTH OF ENTITLEMENT OR MONTH RRB PAYMENTS BEGIN, WHICHEVER IS LATER. _____
☐ PRIOR CLAIMS ACTION	☐ CLAIM FILED	
BY Elba Hill	BY _____	BY _____
DATE 11-13-57	DATE _____	DATE _____

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R189

FORM NO. G-346
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

HUSBAND'S CERTIFICATION

ENTER IN THIS SPACE YOUR RAILROAD RETIREMENT BOARD CLAIM NUMBER IF YOU HAVE BEEN ASSIGNED A NUMBER

A-2537465

IF YOU NEED HELP IN COMPLETING THIS CERTIFICATE, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

ALL ITEMS MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THIS SPACE)

Officially filed
Date 4-27-51
Supervisor Benefits

I, JOHN . DAVID SHAFFER . 715-16-2201
(PRINT YOUR NAME: FIRST MIDDLE LAST) (SOCIAL SECURITY ACCOUNT NUMBER)
am the husband of IRENE SILLMAN SHAFFER, who as my wife has
(NAME OF WIFE (MAIDEN FIRST NAME) (MAIDEN LAST NAME) (HUSBAND'S LAST NAME)
applied for the spouse's annuity under the provisions of the Railroad Retirement Act.

1. Was your present marriage performed by a clergyman or authorized public official? Yes (YES OR NO)

2. Were you married before your marriage to your present wife? No (YES OR NO) If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

3. (a) Are you and your wife living together at the same address? Yes (YES OR NO) (b) If "No," are you contributing to her support? _____ (YES OR NO) If "Yes," state how often and in what amounts _____

(CONTRIBUTIONS MAY BE IN CASH, OR IN KIND, SUCH AS YOUR WIFE LIVING RENT FREE IN A HOUSE WHICH YOU OWN)

(c) If both questions (a) and (b) are answered "No," state why you and your wife are not living together _____

CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this certificate has been signed by mark (X), two witnesses who know the husband must sign below, giving their full addresses.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) (ZONE) (STATE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) (ZONE) (STATE)

SIGNATURE OF HUSBAND OF APPLICANT

John David Shaffer
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)
713 N. Elmer ave
(STREET AND NUMBER)
Sayre
(CITY) (ZONE NUMBER)
Bradford Pa
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:
Pa 6423
(IF NONE, WRITE "NONE")

DATE SIGNED Nov 24 1951
(MONTH) (DAY) (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RRB Chicago

THIS FORM IS TO BE FILLED IN BY RAILROAD RETIREME T AC, ANNUITANT OR PENSIONER

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM BY MAIL OR IN PERSON TO THE NEAREST RAILROAD RETIREMENT BOARD FIELD OFFICE SHOWN ON THE BACK OF THE ENCLOSED NOTICE.

FORM APPROVED
BUDGET BUREAU NO. 70-5101 (11-51)

FORM NO. T-21

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REQUEST FOR INFORMATION REQUIRED UNDER THE 1951 AMENDMENTS TO THE RAILROAD RETIREMENT ACT

Enter on this line your Railroad Retirement Board Claim Number A-2537745

1. Give your name John David Shaffer (FIRST) (MIDDLE) (LAST) Date of Birth 11/27/26

Address 713 N. Elgin (STREET AND NUMBER) Joyce (TOWN OR CITY) (ZONE) Oxford (COUNTY) Pa (STATE)

2. Do you have a social security account number of your own? Yes (YES OR NO) 715-16-2201

(a) If "Yes," give your name as shown on your social security account card

John David Shaffer (FIRST) (MIDDLE) (LAST)

and your social security account number 715-16-2201

(b) If you have a social security account number but do not know what it is, give the following information:

Your father's name _____ (FIRST) _____ (MIDDLE) _____ (LAST)

Your mother's name _____ (FIRST) _____ (MIDDLE) _____ (MAIDEN LAST NAME)

Your place of birth _____ (TOWN OR CITY) _____ (COUNTY) _____ (STATE)

3. Have you worked since 1936 in employment covered by the Social Security Act? No (YES OR NO)

4. Are you now single, married, divorced or widowed? Married (STATE WHICH)

5. If you are a widow or widower, give the date of death of your husband or wife _____ (DATE)

IF YOU ARE NOW MARRIED, FILL IN ITEM 6 AND ITEM 7

6. Give your wife's or husband's

Irene (FIRST NAME) Elizabeth (MIDDLE NAME) Shaffer (LAST NAME)

and date of birth: Month 2 Day 22 Year 24

Present address 713 N. Elgin Ave (STREET AND NUMBER) Joyce (TOWN OR CITY) _____ (ZONE) Pa (STATE)

Date of marriage: Month 6 Day 7 Year 47

7. Have you any children, including stepchildren or adopted children, under 18 years of age and unmarried? No (YES OR NO) If "Yes," how many? _____

Signed John David Shaffer (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Date Nov (MONTH) 24 (DAY) 1961 (YEAR)

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R187

FORM NO. AA-3
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION OF WIFE FOR SPOUSE'S ANNUITY

ENTER BELOW YOUR HUSBAND'S RAILROAD RETIREMENT BOARD CLAIM NUMBER IF HE HAS BEEN ASSIGNED A NUMBER

A 258745

(DO NOT WRITE IN THIS SPACE)

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

Print
Husband's Name JOHN (FIRST) DAVID (MIDDLE) SHAFFER (LAST) 715-16-2201 (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, IRÉNÉ ELIZABETH SHAFFER (PRINT APPLICANT'S NAME: FIRST MIDDLE LAST), hereby apply for the wife's annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? No (YES OR NO) If "Yes," give your name and account number as shown on your social security card:

(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? Irene Elizabeth Sillman

(b) When were you born? Month February Day 22 Year 1894

(c) Where were you born? Scranton (CITY) Lackawanna (COUNTY) Pa. (STATE OR FOREIGN COUNTRY)

(d) Your father's name William HENRY SILLMAN. (FIRST) (MIDDLE) (LAST) State

(e) Your mother's name SARAH JANE GEORGE SILLMAN. (FIRST) (MAIDEN) (LAST)

3. (a) When were you and your husband married? Month Jan Day 7 Year 1914

(b) Where were you and your husband married? Bloomsburg (CITY) Pa (STATE)

(c) Indicate by (✓) whether the marriage ceremony was performed by:

☑ Clergyman ☐ Authorized public official ☐ Other _____ (EXPLAIN)

4. Were you married before your marriage to your present husband? No (YES OR NO) If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

5. (a) Are you and your husband living together at the same address? Yes (YES OR NO) If "No," answer (b), (c) and (d) below.

(b) Is he under order by any court to contribute to your support? _____ (YES OR NO)

(c) Is he contributing to your support? _____ (YES OR NO) (Contributions may be in cash, or in kind such as your living rent free in a house which he owns.) If "Yes," state how often he contributes and in what amounts _____

(d) State why you and your husband are not living together _____

_____

6. (ANSWER THIS QUESTION ONLY IF YOU ARE UNDER AGE 65.) (a) Do you have in your care, individually, or jointly with your husband, any of your husband's children under 18 years of age and unmarried? _____ (YES OR NO) If "Yes," list below the name of each child and answer (b), (c) and (d) of this item. Include stepchildren, adopted and illegitimate children. Show relationship by placing a check (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO YOUR HUSBAND			
	MONTH	DAY	YEAR	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE

(b) Are all the children named in (a) above now actually living in the same household with you? _____ (YES OR NO)

(c) If your answer to (b) is "No," give the following information about each child not living with you now:

FULL NAME OF CHILD	GIVE REASON CHILD IS NOT LIVING WITH YOU AND STATE HOW LONG HE HAS BEEN AWAY

(d) Has any child named above ever been adopted by anyone other than your husband? _____ (YES OR NO) If "Yes," give the name of child, by whom adopted, and when _____

_____

7. (a) Have you ever worked for any person, company, or institution, whether or not covered by the Railroad Retirement Act? No (YES OR NO) If "Yes," answer (b), (c) and (d) below.

(b) Are you still working? _____ (YES OR NO) If "Yes," give name and address of your employer _____

_____

Date you began work: Month _____ Day _____ Year _____

Date you intend to stop working: Month _____ Day _____ Year _____

(c) If you have stopped working, give date you last worked and the name and address of your last employer: _____ (DATE LAST WORKED) _____ (NAME OF EMPLOYER)

_____ (ADDRESS)

(d) Do you still hold seniority or other rights to return to the employment of any person, company, or institution? _____ (YES OR NO) If "Yes," give name and address of such person, company, or institution _____

_____

(e) Were you in active military or naval service after September 15, 1940, and before July 25, 1947? No (YES OR NO)

8. Have you filed an application for any annuity or lump sum under the Railroad Retirement Act No (YES OR NO) If "Yes," give your Railroad Retirement Board claim number _____

9. Have you ever filed an application for benefits under the Social Security Act? No (YES OR NO)

If "Yes," give:

Name of individual on whose account number you filed your claim _____

Individual's social security account number, if other than your own _____

10. Are you applying for an annuity to begin on the earliest date permitted by law? Yes (YES OR NO) If "No," specify: Month _____ Day _____ Year _____

SECTION I.

A SPOUSE'S ANNUITY FOR A WIFE IS NOT PAYABLE FOR ANY MONTH IN WHICH

(a) The husband works for a railroad or other employer under the Railroad Retirement Act or for the last person, company, or institution (if any) by whom he was employed before his retirement annuity or pension began; or

(b) The wife works for a railroad or other employer covered by the Railroad Retirement Act; or

(c) The wife works for the last person, company, or institution (if any) by whom she was employed before her annuity began.

SECTION II

A SPOUSE'S ANNUITY FOR A WIFE TERMINATES WITH THE MONTH BEFORE THE MONTH IN WHICH

(a) The husband dies; or

(b) An absolute divorce is granted; or

(c) The wife, while still under age 65, no longer has in her care a child of her husband under age 18 and unmarried.

11. Do you agree to notify the Railroad Retirement Board promptly when any of the events described in Sections I and II occur? Yes (YES OR NO)

12. Do you agree to return promptly any check for benefits received by you if you are not entitled to it because of the occurrence of any of the events described in I and II above? Yes (YES OR NO).

REMARKS:

CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF APPLICANT

Mrs Irene Elizabeth Shaffer

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS: 713 N. Elmer ave

(STREET AND NUMBER)

Sayre, _____

(CITY) (ZONE NUMBER)

Brad Ford, Pa.

(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

TA. 6423

(IF NONE, WRITE "NONE")

DATE SIGNED Nov 24 1951

(MONTH) (DAY) (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

AGO Chicago

RRB FORM NO. G-229
(11-51)

CHECK LIST COVERING APPLICATION FOR SPOUSE'S ANNUITY AND RELATED DOCUMENTS

1. SOCIAL SECURITY ACCOUNT NUMBER: 715-16-2201

2. CLAIM NUMBER: A-253745

3. NAME OF EMPLOYEE: John D. Shaffer

4. NAME AND ADDRESS OF SPOUSE:
Irene Elizabeth Shaffer
713 North Elmer Ave.
Sayre, Pa.

5. APPLICATION FORM AA-3 RECEIVED
PERSONALLY FROM APPLICANT ☐
VIA MAIL FROM APPLICANT ☒

11/27/51 (DATE) Scranton, Pa. D.O. (FIELD OFFICE)

6. PREPARED BY: A. A. Lahey DATE: 1/3/52

7. ITEM	REQUIRED	ATTACHED	WILL BE SUBMITTED	PREVIOUSLY SUBMITTED	REMARKS
APPLICATION	x	x			
WIFE'S CERTIFICATION (G-345)					
HUSBAND'S CERTIFICATION (G-346)	x	x			
PROOF OF MARRIAGE					
PROOF OF AGE OF: Spouse	x	x			
PROOF OF RELATIONSHIP OF:					
CERTIFICATE OF SUPPORT (G-466)					
PROOF OF APPOINTMENT OF GUARDIAN					
QUESTIONNAIRE FORM T-21	x	x			

RRB Chicago

RRB FORM G-91 (1-7)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. DATE: 1-3-52

2. S.S.A. OR CLAIM NUMBER: A-2537 45

3. FILE NAME OF EMPLOYEE: John David Shaffer

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT: Insurance Policy

5. ON OFFICIAL STATIONERY? [X] YES [ ] NO
SEAL USED? [ ] YES [X] NO

6. DATE RECORD MADE: 9-29-47

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION: The Prudential Ins. Co of America

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT: None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR Spouse
10. NAME		Irene E. Shaffer
11. AGE OR DATE OF BIRTH		Feb 22 1884
12. PLACE OF BIRTH		Not Shown
13. NAME OF FATHER		"
14. MOTHER'S MAIDEN NAME		"
15. DATE OF DEATH		—
16. MARRIAGE	DATE	PLACE —

17. OTHER PERTINENT INFORMATION:

Policy Nr. 473 924 651
John D. Shaffer, husband, beneficiary

UNIT OR FIELD OFFICE: Scranton, Pa D.O.

SIGNATURE AND TITLE: A A Lahey, Clerk

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF: [ ] EMPLOYEE [ ] SURVIVOR

[ ] MARRIAGE
[ ] DEATH
[ ] RELATIONSHIP OF SURVIVOR
RELATIONSHIP_____

UNIT

SIGNATURE AND TITLE

RRB Chicago

FORM NO. G-355
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
DETERMINATION OF AWARD
SPOUSE'S ANNUITY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
NOVEMBER 30, 1951

1. ADMINISTRATIVE VOUCHER NO. 12782 JAN 18 1952

2. ☑ FINAL CERTIFICATION ☐ SUBJECT TO RECERTIFICATION

3. CLAIM NO. MA-253745 0

4. EMPLOYEE'S NAME John D. Shaffer

5. EMPLOYEE'S S.S.A. NO. 715-16-2201

	SPOUSE		EMPLOYEE	SPOUSE
6. DATE ANNUITY APPLICATION FILED	11-27-51	9. DATE ALL EMPLOYEE RIGHTS RELINQUISHED		NONE
7. DATE OF LAST EMPLOYER SERVICE	NONE	10. DATE OF BIRTH	10-27-76	2-22-84
8. DATE OF LAST PERSON SERVICE	NONE	11. DATE ANNUITY BEGINS	2-1-46	11-1-51

12. RELATIONSHIP ☑ WIFE ☐ HUSBAND

13. BASIS FOR AWARD ☑ SPOUSE AGE 65 ☐ SPOUSE (WIFE) UNDER AGE 65 CHILD IN HER CARE
YOUNGEST CHILD'S DATE OF BIRTH:

14. SPOUSE'S S.S.A. NO. NONE

15. EMPLOYEE'S RETIREMENT ANNUITY BEFORE REDUCTION FOR AGE AND SERVICE ANNUITY UNDER SECTION 2(A)3 OF THE ACT OR JOINT AND SURVIVOR OPTION	$ 104.79
16. SPOUSE'S ANNUITY (ONE-HALF OF EMPLOYEE'S RETIREMENT ANNUITY (ITEM 15) BUT NOT MORE THAN $40)	$ 40.00
17. ANY OTHER BENEFITS (OTHER THAN WIFE'S INSURANCE BENEFIT UNDER SOCIAL SECURITY ACT)	$
18. ADJUSTED SPOUSE'S ANNUITY	$
19. OVER-ALL SSA MINIMUM UNDER SECTION 3(E) OF THE ACT (A) EFFECTIVE DATE (B) AMOUNT OR ADDITIONAL AMOUNT WHICH WOULD BE PAYABLE UNDER SOCIAL SECURITY ACT IF RAILROAD SERVICE WERE INCLUDED AS SOCIAL SECURITY EMPLOYMENT $ (C) OVER-ALL SSA MINIMUM EMPLOYEE ANNUITY $	$
20. SPOUSE'S ANNUITY PAYABLE MONTHLY (ITEM 16, 18 OR 19)	$

21. REMARKS:

22. PAYMENT SUMMARY

ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
MONTHLY RATE	FROM	TO	NO. MONTHS	AMOUNT	MONTHLY RATE	FROM	TO	NO. MONTHS	AMOUNT	
$ 40.00	11-1-51	12-31-51	2	$ 80.00	$				$	$

23. CERTIFICATION OF PAYMENT — FINAL PAYMENT YES ☐ NO ☑

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	NET AMOUNT PAID
Mrs. Irene E. Shaffer 713 N. Elmer Avenue Sayre, Pa.	$ 40.00	11-1-51	$ 80.00

CLAIMS EXAMINER

COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE JAN 15 1952 19___. SIGNATURE [signature] 03
AUTHORIZATION OFFICER

RRB Chicago

RL-41
(11-51)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

JAN 19 1952

Mrs. Irene E. Shaffer
713 North Elmer Avenue
Sayre, Pennsylvania

In reply refer to
R.R.B. No. A-253745

You have been awarded a spouse's annuity for a wife under the Railroad Retirement Act of 1937 and should receive your first check within three weeks from the date of this letter.

The monthly rate of your annuity is	$ 40.00
The beginning date of your annuity is	November 1, 1951
The first check will cover the amount due through . . .	December 31, 1951
The amount of the first check will be	$ 80.00

If you have any questions concerning your annuity, you may write to this office or call at any of the field offices shown on the enclosed list. Please take this letter with you if you go to a field office.

Very truly yours,

A.R. Wells

A.R. Wells
Director of Retirement Claims

Enclosure
T-83

BC

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

FORM APPROVED
BUDGET BUREAU NO. 70-R291

U. S. Railroad Retirement Board

844 Rush St. Chicago 11, Illinois

DO NOT BEND OR FOLD THIS CARD

1 DO YOU HAVE A SOCIAL SECURITY ACCOUNT NUMBER OF YOUR OWN? ☐ YES ☑ NO

IF "YES," ENTER YOUR NUMBER HERE →

2 SEX (CHECK ONE) ☐ MALE ☑ FEMALE

3 GIVE YOUR FATHER'S FULL NAME (WHETHER LIVING OR DEAD)

FIRST William MIDDLE Henry LAST Gilmad

4 GIVE YOUR MOTHER'S FULL NAME BEFORE MARRIAGE (WHETHER LIVING OR DEAD)

FIRST Sarah MIDDLE Jane LAST George

5 YOUR PLACE OF BIRTH (CITY OR TOWN, STATE OR FOREIGN COUNTRY)

Scranton Penna

6 DATE OF YOUR BIRTH

MONTH 3 DAY 22 YEAR 1884

7 ARE YOU RECEIVING MONTHLY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? ☐ YES ☒ NO

IF "YES," GIVE NAME OF PERSON ON WHOSE ACCOUNT YOU ARE RECEIVING BENEFITS:

ALSO GIVE HIS SOCIAL SECURITY ACCOUNT NUMBER, DATE BENEFITS BEGAN AND MONTHLY RATE

ACCOUNT NUMBER 715-16-3301-B DATE AMOUNT $

8 SIGNATURE

9 DATE 8-9-62

FORM NO. G-19x (6-62)

S&S	CLAIM NO.	CODE-TYPE BEN	AMC OR AMR	SERVICE YRS.	SERVICE MOS.	BASIC AMT	RATE PAID MAY 1959	RATE PAID BEG JUNE 1959
	MA 253745						5780	6360

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1- WIDOW AGE 60
2- WIDOW UNDER 60
3- CHILD UNDER 18
4- PARENT
7- WIDOWER
8- DISABLED CHILD

THREE-DIGIT CODES

1ST DIGIT: 0- NO WIDOW
1- WIDOW WITH CHILDREN

2ND DIGIT: 0- NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0- NO PARENTS
1- ONE PARENT- OTHER PARENT WITHHELD
2- TWO PARENTS

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE MAY 1959 AND JUNE 1959 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JUNE 1, 1959

TABCO 680128

C	CLAIM NO.	CODE-TYPE BEN	AMC OR AMR	SERVICE YRS.	SERVICE MOS.	BASIC AMT	RATE PAID MAY 1959	RATE PAID BEG JUNE 1959
	A 253745		153	30	00		11542	12710

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1- WIDOW AGE 60
2- WIDOW UNDER 60
3- CHILD UNDER 18
4- PARENT
7- WIDOWER
8- DISABLED CHILD

THREE-DIGIT CODES

1ST DIGIT: 0- NO WIDOW
1- WIDOW WITH CHILDREN

2ND DIGIT: 0- NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0- NO PARENTS
1- ONE PARENT- OTHER PARENT WITHHELD

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE MAY 1959 AND JUNE 1959 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JUNE 1, 1959

A-253745

NOTICE TO RRB OF SSA BENEFIT INFORMATION

Railroad Retirement Board
Director of Retirement Claims
844 Rush Street
Chicago 11, Illinois

NAME OF SOCIAL SECURITY W/E:	JOHN D. SHAFFER
ADDRESS OF ABOVE PERSON:	413 S KEYSTONE AV SAYRE, PA.
SS A/N(S) OF ABOVE PERSON:	715-16-2201
DATE OF BIRTH:	10/27/76
RRB CLAIM NO.	UNK.
NAME OF RR EMPLOYEE:	SAME
SS A/N(S) OF RR EMPLOYEE:	SAME

.... *Fold Here* **PAYMENT CENTER REPORT** *Fold Here* ....

☒ INITIAL AWARD	FILING DATE 5/7/63	FIRST MO. OF ENTITLEMENT 5/62	PIA 40.00	OAIB *(If reduced)* —
☐ AMENDED AWARD	TYPE	FIRST MO. OF ADJUSTMENT	PIA	OAIB *(If reduced)*

AUXILIARY BENEFICIARIES

NAME	D.O.B.	BENEFIT	EFF. DATE
IRENE E SHAFFER	2/22/84	$ 20.00	5/62
		$	
		$	

This information is furnished because the SSA claims file shows that an RR–4 was previously forwarded to RRB and/or the SS–5 or OA–702 is stamped as indicated below:

☒ RRB ANNUITANT ☐ RRB SPOUSE ☐ APPL. FOR RRB SURVIVORS

DATE	CHIEF, PAYMENT CENTER	14:PC:C 4:C4	PAYMENT CENTER
7/25/63	M. Benjamin by Kod 404		Chicago P.C.

FORM NO. RR-4PC
(8-61)

SSA JURISD HIB EFF SMIB UNK JSHAF A 253745

SSA JURISD HIB EFF SMIB UNK ISHAF MA 253745

AMEND EFF 11-66 SUPP 0 SMIB 7 PC1 A 253745

A/C 21 OLD RATE 127.10 NEW RATE 133.15 SSA NO 715-16-2201

RED 0 1-1-67 139.20 NEW RR RATE 133.15 6.55 REDUCTION 2.88

BEN SSA NO NONE SSA CL NO 715-16-2201A SSA AMT 44.00

AMEND EFF 11-66 SUPP 0 SMIB 7 PC2 MA 253745

A/C 21 OLD RATE 63.60 NEW RATE 66.65 SSA NO 715-16-2201

RED 0 1-1-67 69.70 NEW RR RATE 66.65 6.55 REDUCTION 1.44

BEN SSA NO NONE SSA CL NO 715-16-2201B SSA AMT 22.00

MECHANICAL ADJUSTMENT RECORD

TYPE OF BEN.	MONTHLY RATE PAID			ADJUST. CHECK		CLAIM NUMBER
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT	
A	133.15	142.85	0268	0468	152.55	A-253745

BASIC RATE	AMC AMW	INCREASE	REDUCTIONS FOR				
			SSA BEN.	SUP. ANN.	EARLY RET.	MS	SMIB	ACT. ADJ.
136.01	153	10.00	3.19				7	

BASIC AMT.	SSA BEN.	SUP. ANN.	SS ACCOUNT NO.	SS CLAIM NO.
	55.00		715-16-2201	715-16-2201

R R FORMULA

TYPE OF BEN.	MONTHLY RATE PAID					ADJUST. CHECK	
	OLD RATE	NEW RATE	EFF. RATE	NEW RATE	EFF. DATE	DATE	AMOUNT
M	66.65	71.45	0268			0468	76.25

BASIC AMT.	BASIC RATE	AMC AMW	INCREASE	REDUCTIONS FOR				
				SSA BEN.	EARLY RET.	MS	SMIB	ACT. ADJ.
	68.03	153	5.00	1.60			7	

SSA BEN.	EMP. RATE - SPOUSE ANN. BASED	SS ACCOUNT NO.	SS CLAIM NO.
27.50	148.88	999-99-9999	715-16-2201

RRB FORM NO. G-194
(11-63)

FIELD REPORT OF DEATH AND/OR REPORT OF RETURNED CHECK(S)

INSTRUCTIONS: WHERE DEATH OF AN EMPLOYEE IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 14. WHERE DEATH OF AN ANNUITANT OR PENSIONER IS BEING REPORTED, FILL IN 1 THROUGH 8 AND ITEM 14, IF APPROPRIATE. IF CHECKS OF A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, ALSO FILL IN ITEMS 15 THROUGH 18. WHERE CHECKS OF A PERSON OTHER THAN A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, FILL IN ITEM 1 AND ITEMS 15 THROUGH 19. ITEM 20 IS TO BE COMPLETED IN ALL CASES.

1. CLAIM NO. (IF ASSIGNED)
~~A- unknown~~ A-253745

2. SOCIAL SECURITY ACCOUNT NO. OF EMPLOYEE
715-16-2201

3. NAME OF EMPLOYEE
John David Shaffer

4. NAME OF DECEASED PERSON
John D. Shaffer

5. DATE OF DEATH
09-03-69

6. ADDRESS AT TIME OF DEATH
413 S Keystone Av, Sayre, Pa 18840

7. STATUS OF DECEASED PERSON UNDER RR ACT

☐ EMPLOYEE ☒ EMPLOYEE ANNUITANT

☐ SPOUSE ANNUITANT ☐ INSURANCE ANNUITANT ☐ PENSIONER

8. SOURCE OF INFORMATION

Mrs. Fred Blackman, Daughter
NAME OF INFORMANT — RELATIONSHIP TO DECEDENT

523 S Wilbur Av, Sayre, Pa 18840
ADDRESS OF INFORMANT

9. EMPLOYEE'S DATE OF BIRTH

10. OCCUPATION

11. LOCATION

12. NAME OF LAST EMPLOYER

13. DATE LAST WORKED

14. ACTION TAKEN BY FIELD (AND REMARKS, IF ANY)

Widow, Irene E. Shaffer, will be contacted for development of AA-17a. She is currently receiving a wife annuity.

THE CHECK(S) DESCRIBED BELOW WERE RETURNED TO THE TREASURY DEPARTMENT

15. CHECK NUMBER	(A)	(B)	(C)
16. DATE OF CHECK	(A)	(B)	(C)
17. AMOUNT	(A)	(B)	(C)
18. NAME OF PAYEE			
19. REASON			

20.

DATE 09-04-69 SIGNATURE Kenneth E Koch

FIELD OFFICE Elmira, N Y -273 TITLE CR

FORM APPROVED
BUDGET BUREAU NO. 70-R218.2

FORM NO. AA-17a (9-61)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD,

ENTER EMPLOYEE'S RRB CLAIM NO. (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)
A- 253745

(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED 273
Date 09-11-69
By D E Loebler
Elmira, New York

I, IRENE E. SHAFFER, hereby apply for any insurance annuity payable
(PRINT YOUR FIRST-MIDDLE-LAST NAME)
to me under the provisions of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: JOHN D. SHAFFER (PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) 715-16-7201 (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: 10-27-96 (MONTH-DAY-YEAR) BERWICK (CITY OR TOWN) Pa (STATE OR FOREIGN COUNTRY)

3 Date and place of death: 09-03-69 (MONTH-DAY-YEAR) BURLINGTON (CITY OR TOWN) PA. (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:

(a) An unmarried child under age ~~18~~? NO (YES OR NO) If "Yes," give name and address of such child:

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? NO (YES OR NO) If "Yes," give name and address of such child:

(NAME) (ADDRESS)

5 List *all* of the employment performed by the deceased employee during the 12 months before his death:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
NONE					

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO (YES OR NO) If "Yes," give the following information:

(a) Kind of trade or business:

(b) Period of self-employment: From To

INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: IRENE ELIZABETH SILLMAN

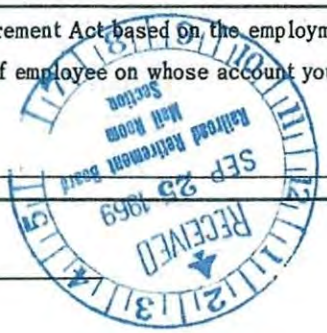
8 Have you ever had a social security account number of your own? YES (YES OR NO) If "Yes," give:
IRENE E. SHAFFER (NAME SHOWN ON YOUR SOCIAL SECURITY CARD) (NEW) 080-46-9535 (SOCIAL SECURITY ACCOUNT NUMBER)

9 Your date and place of birth: 02-22-84 (MONTH-DAY-YEAR) FOREST CITY (TOWN OR CITY)
LACKAWANNA (COUNTY) PA. (STATE OR FOREIGN COUNTRY)

10 Have you remarried since the death of the deceased employee? No (YES OR NO) If "Yes," when did you remarry? _____ (MONTH-DAY-YEAR)

11 Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? No (YES OR NO) If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number:

_____



12 Are you receiving monthly benefits under the Social Security Act based on:

(a) Your own employment? No (YES OR NO) If "Yes," give the amount $ _____

and date benefits began _____

(b) Any other person's employment (not your own or the deceased employee's)? No (YES OR NO)

(c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: _____

13 Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? No (YES OR NO)

If "Yes," give name of agency: _____

14 *In the present calendar year* did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) No (YES OR NO) If "Yes," give the following information:

(a) For the present calendar year, give:

NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT	SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN											
	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) *If you were employed in the railroad industry this year (or expect to be so employed),* give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." _____

_____

(c) *For this entire year (January 1 through December 31)* do you expect your total earnings from employment for hire and self-employment to exceed $1200? _____ (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) For this year I expect that my total earnings from employment for hire and self-employment will be $ _____

(2) List the months since January 1 of this year in which your monthly earnings did not exceed $100 and in which you did not render services as a self-employed person. (If none, write "None.") _____

_____

(3) Are you now working for more than $100 a month or rendering services as a self-employed person? _____ (YES OR NO)

15

Answer this question only if the employee died before January 1 of this year:

(a) *During the preceding calendar year* did you work in employment for hire?

_____ If "Yes," give the following information about all such employ-
(YES OR NO)

ment, including employment in the railroad industry:

NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED	MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) *During the preceding calendar year* were you self-employed?_____ If "Yes," give the following
(YES OR NO)

information about such employment:

(1) Give your net earnings from self-employment for the preceding year: $_____

(2) State kind of trade or business: _____

(3) List the months of the preceding year in which you did *not* render services as a self-employed person. (If none, write "None.") _____

APPLICANT'S AGREEMENT

I. *A widow's or widower's insurance annuity is not payable to you for any month* in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.

II. *All or part of a widow's or widower's insurance annuity is not payable to you for one or more months* if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of $1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.

III. *A widow's or widower's insurance annuity ends* with the month before the month in which you remarry.

(QUESTIONS 16 AND 17 MUST BE ANSWERED)

16 Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above?_____
(YES OR NO)

17 Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if, to your knowledge, you could receive such benefits upon filing an application?_____
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

SIGNATURE OF APPLICANT:

Irene E. Shaffer X
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

413 S. Keystone Av
(STREET AND NUMBER)

Sayre (CITY) Bradford (COUNTY)

PA (STATE) 18840 (ZIP CODE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

885-4361
(IF NONE, WRITE "NONE")

DATE SIGNED 09 (MONTH) 11 (DAY) 69 (YEAR)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY ..... INDIVIDUAL ..... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

FORM G-476a
(1-69)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

Employee's RRB Claim No.	A 2 5 3 7 4 5
Employee's SSA No.	715-16-2201
Name of Employee	JOHN D. SHAFFER
Name of Applicant	IRENE E. SHAFFER
Field Office No.	2 7 3
Officially Filed	MO. 0 9 DAY 1 1 YR. 6 9
By	Dorothy E. Kaebler.

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a pamphlet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must tell the Board:

- If I work for any employer in the railroad industry,
- If I will earn more than $1,680 in a year from a non-railroad job or self-employment and I am under age 72 in any month of that year,
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record,
- If at age 65 or later I am, or become, insured under the Social Security Act, wnether or not I file for benefits, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.

Irene E. Shaffer X
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 09 (MONTH) 11 (DAY) 69 (YEAR)

at Smyrna, Pa. (CITY) (STATE)

Dorothy E. Kaebler.
(SIGNATURE OF BOARD REPRESENTATIVE)

MASTER FILE EARMARKINGS

OASI	DIS. FREEZE	G.F.	AA-11A	UI-87
62				

2 A. TOTAL TO DATE

S.M.	COMPENSATION
109	19 487 12

B. TOTAL THRU YEAR ATTAINED AGE 65

S.M.	COMPENSATION

C. YEAR AGE 65	D. INC. ACCT.	E. INAC. ACCT.	F. TYPE OF CLAIM
			SURV

GES	G. D O B MO.	G. D O B YR.	H. D O D MO.	H. D O D YR.
	10	76	09	69

G. CREDITABLE MILITARY SERVICE	H. TOTAL THRU 1946	I. ADJ.	J. SERVICE AND COMPENSATION CERTIFIED THRU.
	109 19 487 12		12-31-68

I. ANN. DATE Q	ANN. DATE YR	APPL. DATE Q	APPL. DATE YR	J. YR. LAST ACCT.
1	46	1	46	46

K. TOTAL INCLUDING MILITARY SERVICE	L. EMPLOYER NOS.	A D D.	M. PAYROLL IDENT. NUMBER(S)	N. DATE FORM PREPARED
				9 11 69

K. OCCUPATION FOR LAST 5 YEARS

ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR

L. PRIOR S.M.	M. INCREMENT YEARS AFTER 1946	M. INCREMENT YEARS 1937-46	N. GROSS RESIDUAL WITH MILITARY SER.	O. GROSS RESIDUAL OR V.A. TAX
		9		779 48

6 ENTITLEMENT DETERMINATIONS

A. 120 SERVICE MOS. YES [✓] NO [ ]

B. CURRENT CONNECTION YES [✓] NO [ ]

C. REQUIRED QTRS. COVERAGE

D. ACQUIRED QTRS. COVERAGE

E. INSURED STATUS:
COMPLETELY [ ] FULLY [ ]
PARTIALLY [ ] CURRENTLY [ ]

F. FIRST QTR. INSURED 12-31-41

G. DATE ATTAINED RETIREMENT AGE 10-26-41

4 REMARKS

MONTHS EMPLOYED CODE

0 = NO SERVICE 4 = 3rd MONTH
1 = 1st MONTH 5 = 1st & 3rd MOS.
2 = 2nd MONTH 6 = 2nd & 3rd MOS.
3 = 1st & 2nd MOS. 7 = 1st, 2nd & 3rd MOS.

37-50 SM 109
37-50 COMP 19 487 12

1959 GROSS AMOUNT

SS BENEFICIARY IND.

AMEND.

T./PIA.
5 11
4 78

55
1 70

5 MONTHS EMPLOYED (R.R.B.)

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

7 MILITARY SERVICE

[ ] CREDITABLE [ ] NOT CREDITABLE

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

8

A. YEAR	B. MOS. SERV.	C. TOT. Q.C.	D. M/S Q.C.	E. COMP Q.C.	F. WAGE Q.C.	G. INC. YR.	H. D/O D/F	I. WAGES AND COMPENSATION	J. COMPENSATION	K. WAGES
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										

DATAFOLD FORMS, INC., HINSDALE, ILLINOIS 60521

MAXIMUM CREDITABLE COMPENSATION

PERIOD	MONTHLY AMOUNT	ANNUAL AMOUNT
1937 - 1953	$300	$3600
1/1/54 - 6/30/54	300	3900
7/1/54 - 12/31/54	350	
1955 - 1958	350	4200
1/1/59 - 5/31/59	350	4550
6/1/59 - 12/31/59	400	
1960 - 1962	400	4800
1/1/63 - 10/31/63	400	4900
11/1/63 - 12/31/63	450	
1/1/64 - 12/31/65	450	5400
1/1/66 and thereafter	550 (or an amount equal to 1/12 of current maximum annual taxable wages.)	6600

MAXIMUM WAGES and/or SELF EMPLOYMENT

PERIOD	AMOUNT
1/1/37 - 12/31/39	$3000 for each employer
1/1/40 - 12/31/50	3000
1/1/51 - 12/31/54	3600
1/1/55 - 12/31/58	4200
1/1/59 - 12/31/65	4800
1/1/66 and thereafter	6600

FORM APPROVED
BUDGET BUREAU NO. 70-R294

FORM NO. G-273
(3-63)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of Deceased	2. RRB Claim No.
John David Shaffer	A- 253745

3. Sex	4. Social Security Account No.
MALE ☒ FEMALE ☐	715-16-2201

5. Date of Death	6. Place of Death
Sept. 3, 69	Bradford Co. Home, Burlington, Pa.

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for benefits payable under the U. S. Railroad Retirement Act.

Address of Funeral Director or Firm

Kolb-Allgeier F. H.
(STREET ADDRESS)

126 N. Elmer Ave.
Sayre
(CITY)

Pa. 18840
(STATE) (ZIP CODE)

Name of Funeral Director or Firm

Kolb-Allgeier

Kenneth W. Kolb
(SIGNATURE)

Associate 9-5-69
(TITLE) (DATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .... INDIVIDUAL .... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

PRIOR ACTION (SEE OVER) R R Bennett

REQUEST FOR E/R ACTION

REQUESTING OFFICE	CODE	REQUEST DATE	TYPE ACTION	BLOCK NUMBER	ACCOUNT NUMBER
RAILROAD RETIREMENT BD	992	09 16 69	SUR	FC16416X	715-16-2201

NAME OF A/N HOLDER		SEX	DATE OF BIRTH	DATE OF APPL.	TYPE CLAIM	DATE OF DEATH
SHAFF, J D	A253745	M	10 22 76		D	09 00 69

MULTIPLE A/N	MULTIPLE A/N	MILITARY SERVICE FROM	MILITARY SERVICE THRU	USE	MILITARY SERVICE FROM	MILITARY SERVICE THRU	USE	DATE OF ONSET

LAG INFORMATION FURNISHED BY DISTRICT OFFICE

TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN

R.R. SERVICE	MO. ELECT	FORM 805
RR 3		

AUXILIARY OR SURVIVOR DATA

SEQ 00233

REMARKS

F N	M N
P B	E R

FORM OA-C790 (IDP) (6-68)

AN _____ PRIOR ACTION DATA

TYPE ACTION	REQUEST DATE	BLOCK NO. OD	BLOCK NO. TC	BLOCK NO.	APPL DATE FURN YES	APPL DATE FURN NO	LIFE OR DEATH CLAIM L	LIFE OR DEATH CLAIM D	NAME OF REQUESTING OFFICE	RE CERT	DATE	CLERK NO.
Aoa	521 62 K			33279	✓		✓		Elmira, Ny			

Disability

☐ ESTABLISHED ☐ DENIED ☐ TERMINATED ☐ PENDING ☐ D/O DENIAL ☐ NO APPL.

ERTIFICATION - P.I.A. DETERMINATION

PERTINENT DATES						
TH	ONSET			MO ELECT		
YR.	MO.	DAY	YR.	MO.	YR.	
69	□□	□□	□□			

5 BDPA CAUTION SIGNALS													TYPE OF ACTION	BLOCK NUMBER
CA	ED	X	NIF NYE	CR IND EN	CR IND QC	SE AG INV	EDP CODES	10 65	FB IND	101	OTHER			
							00233 16			01	FF		SUR	1C16416XN

SERVICE DATES

TO

SUSPENSION INFORMATION

SERVICE MONTHS

6 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB. E/Y EXCL.	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

ONS

MS MOS INCL	PIA RETRO	PIA CURR

ED MOS | REDUCED BENEFITS

7 I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

CERTIFIED

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 09-9-69 BY [signature]

CORRECTIONS IN BLOCKS 3 AND 6

EARNINGS TOTALS

AL EARNINGS TER 1936	TOTAL EARNINGS AFTER 1950
2340.00	1950.00

ARNINGS	U	QC/SM	SE	AG
		NNNN	0	0
		NNNN	0	0
80.00		CCCC	0	0
80.00		CCCC	0	0
90.00		CCNN	0	0
		NNNN	0	0
		NNNN	0	0
		NNNN	0	0
		NNNN	0	0
		NNNN	0	0
		NNNN	0	0

LUMP SUM | FAMILY COMPOSITION

8 PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLW	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	120	ANN	RNEL	RELM	RR-90	OTHER
		X				

BDPA REMARKS

A CLAIM STATUS

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☑ OASI ☐ DISABILITY

TO Elmira N. Y. DATE 05-21-63

☐ SEE SCOUT REPORT ATTACHED

9 DO. PC OR BDI REMARKS

RD0916

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O: G-24-SA	2. DATE OK	3. RRB CLAIM NO. A-253745
4. NAME OF DECEASED EMPLOYEE: John D. Shaffer		5. SSA NO. 715-16-2201

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER: NIC 4-26	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Elmira, N Y - 273	09-24-69	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER
Irene E. Shaffer 413 S Keystone Av Sayre, Pa 18840	02-22-84	widow		x			AA-17a
Phone: 885-4361							

	15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
x	POD 09-03-69	x		
x	POM DOM:		x	
x	POA ~~AND/OR FOR~~ OF: widow		x	
x	G-476a	x		
	RL-94-F			
	RL-113			
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			
x	G-194		x	

16. REMARKS

Widow notified wife payments not suspended

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90 ☐

☐ G-73a not released

NOTE.—DO NOT USE THIS ROUTE SLIP TO SHOW FORMAL CLEARANCES OR APPROVALS | DATE 9/29/69

TO: | AGENCY | BLDG. | ROOM

RRB
844 Rush St
Chicago, IL. 60611

- ☐ APPROVAL
- ☐ REVIEW
- ☐ PER CONVERSATION
- ☐ SIGNATURE
- ☐ NOTE AND SEE ME
- ☐ AS REQUESTED
- ☐ COMMENT
- ☐ NOTE AND RETURN
- ☐ NECESSARY ACTION
- ☐ FOR YOUR INFORMATION
- ☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:

Attached SSA-1233RR
Per your request

(Fold here for return)

To
From CPC - SSA

PHONE	BUILDING	ROOM
	CAB-16	

FORM HEW-30 REV. 11/56 **ROUTE SLIP** GPO:1956—O-409606

RRB FORM G-663 (4-68)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): A 2 5 3 7 4 5

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 20 TYPE OF ACTION	CODE	COLUMN 22 STATUS OF APPLICATION	CODE	COLUMN 23 TYPE OF DISPOSITION	CODE	COLUMN 24 TYPE OF APPLICATION	CODE	25 - 26 NO. OF APP.
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1	
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-17b and AA-17 or AA-17a	8	
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-18	2	
						AA-19	3	
						AA-19a	4	
						AA-19s	7	
						AA-20	5	
						AA-21, AA-21a, G-126, AA-3	6	

RECEIPTS

21	22	23	24	25	26	/	CLERK
3	0	0	1	1	1	1	48
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					

DISPOSITIONS

21	22	23	24	25	26	DATE 32	33	34	35	36	37	G-184 69	PRODUCTION REPORT I 71	D 72	EXAM 73	74	75	I 76	D 77	AUTH 78	79	80	/	CLERK
3	00	1	01	1	0	1	4	6	9			—	—		2	0	8	—		2	4	=		48
3																								
3																								
3																								
3																								
3																								
3																								
3																								
3																								

SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT
0	D & H
2	SCREENING
5	SB
6	SA
8	P & A
W	WRP
X	SQI
	SPECIAL CODES
N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
11	INVESTIG. OF EMP. & EARN.
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE

CODES (16-17)	CODES (19)	CALL-UP DATE	EXAM.	/	DATE COMPLETED	EXAM.	
99	F	3-17	MA	/	3-20-69	EB	/
							99
							99
							99

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (4-68)

SA 9-29

REPORT OF SSA CLAIMS INFORMATION

1. DATE: 09/29/69

GENERAL INSTRUCTIONS: This form will be prepared by the DO, BDI, DFC or the PC upon the receipt of RRB's notice that RRB has jurisdiction of the survivor's claim based on the combined RR and SS earnings.

2. NAME OF WAGE EARNER: JOHN D. SHAFFER

3. ACCOUNT NUMBER: 715-16-2201

RAILROAD RETIREMENT BOARD
Bureau of Data Processing and Accounts
844 Rush Street
Chicago, Illinois 60611

4. RRB CLAIM NUMBER: A-253745

5. DATE OF BIRTH: 10/27/76

6. DATE OF DEATH: 09/03/69

7. DATE WE'S CLAIM(S) FILED *(Enter the date shown on the applicable award or disallowance form(s):*

RIB/DIB	RECOMPUTATION	RECOMPUTATION
05/17/63		

8. Enter the established total yearly SS earnings for each year that pre-lag SS earnings were developed *and* such earnings increased or decreased the yearly earnings listed by BDPA on the latest OA-C794 in file. Enter the appropriate QC symbols (C, S, A, N, etc.) to show the established yearly QC pattern based on the adjusted earnings.

YEAR	ANNUAL EARNINGS	QC	YEAR	ANNUAL EARNINGS	QC
19			19		
19			19		
19			19		

9. PERIOD OF DISABILITY
☒ NONE ☐ PENDING ☐ ESTABLISHED–FROM TO

10. SSA ESTABLISHED OVERPAYMENTS TO BE RECOVERED BY RRB:
$ ☒ NONE ☐ UNDETERMINED

NAME OF OVERPAID PERSON(S) – TYPE OF BENEFIT – SHOW WHICH MONTHS OVERPAID

11. HIB – SMIB DATA

A. Name of Survivor: IRENE E. SHAFFER

B. Survivor Elected SMIB ☒ Yes ☐ No
If "Yes," and SSA retains jurisdiction because survivor entitled on another account, answer "C"; if "Yes," and RRB assumes jurisdiction, answer "D," and if applicable "E."

C. Survivor entitled on — ACCOUNT NO.:

D. (1) Survivor elected SMIB effective — MONTH AND YEAR: 07/66

(2) Was survivor in current pay status for month prior to death? ☒ Yes ☐ No

(3) If survivor not in current pay enter last month survivor paid premium. — MONTH AND YEAR:

E. If premium paid by State buy-in agreement, check this block ☐

12. REMARKS:
☐ SURVIVOR CLAIMS MATERIAL ATTACHED
☒ NO SURVIVOR MATERIAL IN THIS OFFICE
☐ OTHER *(Specify)*

13. NOTICE TO DO THAT RRB HAS JURISDICTION:
☒ SEND COPY TO DISTRICT OFFICE AT:
ELMIRA, N.Y - 114

REGIONAL REPRESENTATIVE
BY

~~DISTRICT MANAGER~~ CLM AUTH
BY M.R. Blaszczyk T27-16

FORM SSA-1233RR (10-67) **RAILROAD RETIREMENT BOARD JURISDICTION**

NOTE.—DO NOT USE THIS ROUTE SLIP TO SHOW FORMAL CLEARANCES OR APPROVALS | DATE

TO: RRB AGENCY BLDG. ROOM

VD Auth 10-8

☐ APPROVAL ☐ REVIEW ☐ PER CONVERSATION
☐ SIGNATURE ☐ NOTE AND SEE ME ☐ AS REQUESTED
☐ COMMENT ☐ NOTE AND RETURN ☒ NECESSARY ACTION
☐ FOR YOUR INFORMATION
☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:

FILE ONLY

(Fold here for return)

To
From CHMC

PHONE | BUILDING | ROOM

FORM HEW-30 REV. 11/56 **ROUTE SLIP** GPO:1956—O-409606

Auth F 10-8 A 253745

RRB FORM G-780 (8-66)

TELETYPE MESSAGE TO SSA
(Request for HIB Utilization Record)

DATE PREPARED: OCT 3 1969

PREFIX	IDENTIFICATION CODE	TYPE SERVICE CODE	TYPE QUERY
(II)	(IN) C H L B D	(PN) O O O O O O	(TQ) 5

LAST NAME	INITIALS
(CH) S H A F F E R ,	I E

PREFIX	RRB CLAIM NUMBER
(CN)	

SSA CLAIM NUMBER	SUFFIX
(CN) 7 1 5 1 6 2 2 0 1	B

UNIT DESIGNATION: (DA) O O S A O O

1•CHLBD•715162201B •62•00SA00•53•30•190•100•100•0000•2•3•030869•0766•

0766•69•

FILE ONLY

Rec'd 12/18/69 SH 9-39

A 253745

REPORT OF SSA CLAIMS INFORMATION

1. DATE: 10-6-69

GENERAL INSTRUCTIONS: This form will be prepared by the DO, BDI, DFC or the PC upon the receipt of RRB's notice that RRB has jurisdiction of the survivor's claim based on the combined RR and SS earnings.

2. NAME OF WAGE EARNER: JOHN D. SHAFFER

3. ACCOUNT NUMBER: 715-16-2201

4. RRB CLAIM NUMBER: UNK

5. DATE OF BIRTH: 10-27-76

6. DATE OF DEATH: 9-69

RAILROAD RETIREMENT BOARD
Bureau of Data Processing and Accounts
844 Rush Street
Chicago, Illinois 60611

7. DATE WE'S CLAIM(S) FILED *(Enter the date shown on the applicable award or disallowance form(s):*

RIB/DIB	RECOMPUTATION	RECOMPUTATION
5/17/63		

8. Enter the established total yearly SS earnings for each year that pre-lag SS earnings were developed *and* such earnings increased or decreased the yearly earnings listed by BDPA on the latest OA-C794 in file. Enter the appropriate QC symbols (C, S, A, N, etc.) to show the established yearly QC pattern based on the adjusted earnings.

YEAR	ANNUAL EARNINGS	QC	YEAR	ANNUAL EARNINGS	QC
19			19		
19			19		
19			19		

9. PERIOD OF DISABILITY

☐ NONE ☐ PENDING ☐ ESTABLISHED–FROM TO

10. SSA ESTABLISHED OVERPAYMENTS TO BE RECOVERED BY RRB:

$ ☐ NONE ☐ UNDETERMINED

NAME OF OVERPAID PERSON(S) – TYPE OF BENEFIT – SHOW WHICH MONTHS OVERPAID

11. HIB – SMIB DATA

A. Name of Survivor: IRENE E. SHAEFFER

B. Survivor Elected SMIB ☒ Yes ☐ No
If "Yes," and SSA retains jurisdiction because survivor entitled on another account, answer "C"; if "Yes," and RRB assumes jurisdiction, answer "D," and if applicable "E."

C. Survivor entitled on — ACCOUNT NO.

D. (1) Survivor elected SMIB effective — MONTH AND YEAR: 7-66

(2) Was survivor in current pay status for month prior to death? ☒ Yes ☐ No

(3) If survivor not in current pay enter last month survivor paid premium. — MONTH AND YEAR

E. If premium paid by State buy-in agreement, check this block ☐

12. REMARKS:

☐ SURVIVOR CLAIMS MATERIAL ATTACHED
☐ NO SURVIVOR MATERIAL IN THIS OFFICE
☐ OTHER *(Specify)*

13. NOTICE TO DO THAT RRB HAS JURISDICTION:

☒ SEND COPY TO DISTRICT OFFICE AT: ELMIRA, NY

REGIONAL REPRESENTATIVE

BY J Berman CDRS 223

DISTRICT MANAGER

BY

FORM SSA-1233RR (10-67) RAILROAD RETIREMENT BOARD JURISDICTION

MH253745		not on 8-1-69 list						

Baylem 12-8-69

C 738 REV. 2-68 RATE ATTACHMENT

PIA $ 115.00 FOR MONTHS AFTER JANUARY 1968

SSA MAX $ 202.40 O/M MAX $ 222.64 AMW $ 253.00 TABLE INC $ 16.17

	AGED WIDOW	1 CHILD	2 C	3 C	4 C	5 C
AMT EACH BEN.	$ 104.40	$ 94.90	$ 94.90	$ 74.30	$ 55.70	$ 44.60
TOTAL 1 MO.	104.40	94.90	189.80	222.90	222.80	223.00
TOTAL 2 MOS.	208.80	189.80	379.60	445.80	445.60	446.00
TOTAL 3 MOS.	313.20	284.70	569.40	668.70	668.40	669.00
BASIC AMOUNT	91.01			93.18	65.28	60.80

THE O/M WILL APPLY IF THE BASIC AMOUNT SHOWN ON THIS FORM FOR A PARTICULAR FAMILY GROUP IS BLANK OR IS GREATER THAN THE ACTUAL COMPUTED BASIC AMOUNT.

.0169284.

MINISTRATIVE VOUCHER NO.

☐ FINAL CERT. ⑨ ☐ SUSP./REINSTATE.
☐ PARTIAL CERT. ③ ☐ REINST.-RECERT.
☒ RECERT. ⑦ ☐ SUSP./REINSTATE.-RECERT.
☐ REINST. Ⓨ ☐ FORM PARTIALLY COMPLETED

3. EMPLOYEE'S MARITIAL STATUS AT DEATH
MALE ⓪ ☒ MARRIED ① ☐ S. W. D.
FEMALE ③ ☐ MARRIED ④ ☐ S.W.D.

4. RRA ① ☒ COMP.INS. ⑤ ☐ PART.INS. SSA

AMR AMC MO. EARN.	INCR. YRS.	BASIC AMT.	AMW	PIA
$ 184.00	14	$ 60.71	$ 253	$ 113.00

5. CLAIM NO. WA 2 5 3 7 4 5

6. DECEASED EMPLOYEE John W. Staffer

7. EMPLOYEE'S S.S.A NO. 7 1 5 1 6 2 2 0 1

8. DATE OF BIRTH 10-27-16

9. DATE OF DEATH 9-3-69

CTION

TAL MONTHS OF SERVICE:

M/S	$
'S	$
ON	$

11. MILITARY SERVICE USED

	USED-NO REDUCTION	USED REDUCTION	NOT USED
M/S BEFORE 1937 OR AFTER 6-63	⑧ ☐	⑨ ☐	③ ☐
M/S AFTER 1936 AND BEFORE 7-63	⑥ ☐	⑦ ☐	② ☐

12. ⑥ ☐ SPOUSE MIN.$ 114.5 AMC$ 153

13. RR ACT MAX. ☐ $207.15 $ ☐

14. O/M ☐ MAX.$ ⑦ ☒ NO I.P.I. ⑧ ☐ I.P.I.

15. ③ ☐ PORTION OF ANNUITY WAIVED

CLAIM FILED	RR ACT FORMULA: BASIC RATE	TABLE OR MIN.	REDUCTION FOR SS ENT.	REDUCTION FOR AGE	REDUCTION FOR M/S	ADJUSTED ANNUITY	SS ACT FORMULA: ORIGINAL BENEFIT	OTHER ① RA ② SS	ADJUSTED BENEFIT	O/M RATE	ACT. ADJ.	✓ ACCT NO.	SSA ACCOUNT NO. OR CLAIM NO.	✓ CLM NO.
9/11/69	$ 60.71	$ 13.34	$	___ X.003 $	$	$ 74.05	$	$	$	$ 104.10	$	✓	080-46-9532	
											•			

R1.43 B512 (71.45)
B541
4710

60.71
13.34
74.05

SMIB PD THRU 9-30-69

ED PAYMENTS TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
9369	1	$ 104.10	$ 71.45	9-1-69	9369	1	$ 71.45	$ 28.93
			RECOVERY FOR: ④ RUIA ACCT. $		SSA $			
2. DATE EFF. 7-1-66		SMIB PREM. ▶	$ 4.00	10-1-69	10369	1	$ 4.00	

19. SMIB ENROLLMENT CODES

① 1ST ENROLL. ⑤ 2ND ENROLL.
② NO RESPONSE ⑥ 2ND TERM.
③ NOT ENROLLED ⑦ SSA JURISDICTION
④ 1ST TERM. ⑧ PREM. PAID BY STATE
⑨ DUAL ANNUITANT

ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

IESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTTHE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

SHAFFER
KEYSTONE 17 ✓
H 1884D

LAST PREVIOUS MO. RATE	$ 71.45
MO. RATE OR SHARE	$ 104.10
SMIB PREMIUM	$ 4.00
MO. RATE PAID	$ 100.10
NET AMOUNT PAID	$ 28.93

REPRESENTATIVE PAYEE:

A. Court appointed payee ① ☐
B. Payee-neither court appointed nor parent for child ② ☐
C. Parent for child(ren) ③ ☐

RESEARCH USE

DATE 10-8-69 | COMPUTER | DATE | AUTHORIZER C. Woods 243 | DATE 10-9-69

CM10060

G-364 (2-68)

FORM RL-43 (10-66) U. S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 **NOTICE OF INSURANCE ANNUITY AWARD**	*When Writing to the Board, Always Give:* **THE DECEASED EMPLOYEE'S NAME** *and* **THIS CLAIM NO.** A-253745	**DATE** OCT 16 1969

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below.

Name	*Monthly Rate*	*Beginning*
Irene E. Shaffer	$104.40	September 1, 1969

The enclosed check covers the amount due through September 30, 1969, less the amount previously paid to you since the beginning date of your insurance annuity.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

Enclosure
Check

D. M. Smith
Director of Retirement Claims

512
541
970

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

10/13/69 enb

Rita 10-14

Ruth F
10-8

DAILY HIB AUXILIARY REFERRALS - NOV 13, 1969

HIB CLEARANCE SA

PREFIX CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
WA 253745	715-16-2201	WIDOW	FEMALE	RRB	110

WIC-SP SSA NO.	SMIB ELECTION	SMIB RATE	EXCESS PAYMT.	SMIB PAID THRU
080-46-9535	1ST ENROLLMENT	4.00		

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.
JUL 1966	JUL 1966	ID REQ-HI/SMI

IRENE E SHAFFER
413 S KEYSTONE AV
SAYRE PA 18840

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
02-28-84		RECERTIFY

HOLD

Ruth F
10-8

DAILY HIB AUXILIARY REFERRALS - NOV 13, 1969

HIB CLEARANCE SA

PREFIX CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
WA 253745	715-16-2201	WIDOW	FEMALE	RRB	110

WIC-SP SSA NO.	SMIB ELECTION	SMIB RATE	EXCESS PAYMT.	SMIB PAID THRU
080-46-9535	1ST ENROLLMENT	4.00		

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.	
JUL 1966	JUL 1966	ID REQ-HI/SMI	IRENE E SHAFFER 413 S KEYSTONE AV SAYRE PA 18840

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
02-28-84		RECERTIFY

HOLD

```
80025371516 A YOPP,ADDIE,L                    GGG 14 GGCG0G-0089011100   G1 Y E23 C  -0
              312 ASH ST                COCHRAN GA 31014
              66G    6838 2888 08 4008C                 9868 6838 2888 08 4008C
                     66G    088000008000088000008 088000008000088000008 088004608000
80025371746 • 98683H3828880800086C67F0667F06 08080808 6980469B15 J28 &      11-69 CY
80025371746 V 00450 520076 1069309 93149447 69G07 69G10 0000008001118E•34 0-----&---
80025371746 A BELOVER,LENA,A                  GGG    GGCG0G80089N52190   G1 Y E23 C  -0
              222 N MILL ST             WAUPUN WI 53963
              66G    6838 2888 08 4408C 69G07 69G10 9868 4138 2888 08 0008C 69804
                     66G    088007308000088000008 088000408000088000408 088014758000
80025371910 A MAY69 RIMKUS,JOHN,J                  00072 66G 66G    T1  80025372616 A MA
80025373216 A MAY69 HOLT,GRACE,P                   80099 66G 68G    C   80025373316 A MA
80025373616 A MAY69 LOVE,AMANDA,L                  70082 66G 66G    T1  80025373910 A MA
80025374116 A REGISTER,OLLIE                  GGG 14 GGCG0G50083N44560   G1 Y A23 T1 -0
              617 ARLINGTON             JACKSON TN 38301
              66G    5F38 2888 08 00088 69A23 69A27 9868 5G38 2888 08 0008A 68I06
                     66G    088006808000088002008 088000008000088000008 088010308000
80025374346 A MAY69 PESHEK,MARY                    90090 66G 66G    C   80025374416 A MA
80025374516 J•00364 390079 69830 -J---M-  2531 69J21 •••• J24    11-69 CYCLE
80025374516 A SHAFFER,IRENE,E                 0  PGG    GGEG1G22884M110XX   G1 Y N23 C  -1
              413 S KEYSTONE AV         SAYRE PA 18840
              66G    5C38 2888 08 0008C 69B11 69C08 9868 5B38 2888 08 0008C 67J06
                     66G    088010508000088010508 088000008000088000008 088005008000
80025374610 A SHERMAN,HAROLD,L                GGG    GGCG0G00091A36150   G1 Y E23 C  -0
              309 SOUTH 10TH ST    COSHOCTON OH 43812
              66G    2E38 0808 9D 0008C 68J12 69F07 9868 6838 2888 08 4008C
                     66G    088010708000088002408 088000908000088000908 088025008000
80025374614 A MAY69 SHERMAN,AGNES,B                00090 66G 66G    C   80025374746 A AU
80025375116 A CAMBY,EMMA,C                    GGG 14 GGCG0G10085N05200   G1 Y E25 C  -0
              % MRS A L DICKIE     539 E AV 39              LOS ANGELES CA 90031
              66G    4C38 2888 08 0008C 68D16 68E29 9868 6838 2888 08 4008C
                     66G    088000008000082000008 088000008000088000008 088009008000
80025375516 A MAY69 GROSS,MARY,M                  -0086 66G 66G    T1  80025375716 A MA
80025375910 A MAY69 FEREZ,JOSE,M                  00079 66G 66G    T1  80025375916 A MA
80025376416 A MAY69 WESSELS,ANNA,C                00094 66G 66G    C   80025376546 A MA
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11-69 TAPE

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80025376710 A MAY69 DANCER,OSCAR,S                 00078 66G 66G    T1
80025376714 J 00210 230155 69J13 -8--J--J 2531 69J18 •••• J18    11-69 CYCLE
80025376714 J 00210 230155 69J26 -8--J--J 2131 69K02 •••• K02    11-69 CYCLE
80025376716 A DANCER,FLOSSIE,G                GGG 14 GECG1G00087N23580   G1 Y E24 C  -0
              BX 24                     HOWARD CITY MI 49329
              66G    6838 2888 08 4008C                 9868 6838 2888 08 4008C
                     66G    088002308000088000008 088000008000088000008 088006508000
80025377116 A BROWN,BRUNIE,L                  GGG 14 GGCG0G-0077N42220   G1 Y E23 C  -0
              641 E FARIS RD            GREENVILLE SC 29605
              66G    3C38 ••1B 08 0008B 67G05 67G05 9868 6838 2888 08 4008C
                     66G    088037008000088000008 088000708000088000708 088000008000
80025377716 A MAY69 GRAY,KATHERINE,C               60099 66G 66G    C   80025377916 A MA
80025378210 A MAY69 MAXON,RAYMOND,T                30081 66G 66G    C   80025378516 A MA
80025379216 A MAY69 BARRACLOUGH,WILMINA            80083 66G 66G    C   80025379616 A SE
80025379916 A MAY69 CHWALISZ,LUCY                  00081 66G 66G    T1  80025380316 A MA
80025380410 R 10071          91101 A1021235 034F 00492C 006508 9I 8  1      11-69 CY
80025380410 A BARE,CHARLES,A                  GGG    GGCG0G00082A39800   G1 Y E23 C  -0
              R D 1                     YORK HAVEN PA 17370
              66G    2G38 2888 08 0008C 68E01 68F03 9868 5838 2888 08 0008C 68A24
                     66G    088000008000088000008 088000008000088000008 088007508000
80025381446 A MAY69 SEIDEL,GOLDIE,B                80002 67K 69G    C   80025381616 A MA
80025381646 A MAY69 TARBOX,MAYBELLE,V              60099 66G 66G    C   80025381710 A MA
80025382616 A AUG69 HUTTON,MARIE,B                 00004 698 698    C   80025382816 A MA
80025383010 A MAY69 T48088,WM,A                    00086 66G 66G    T1  80025383046 A MA
80025383446 J 00210 230230 69J03 -8--J--J 2531 69J24 •••• J24    11-69 CYCLE
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RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION G-115x

SPEED MEMO

1-13 HB

TO

FROM Elmira N.Y. Betty Marshinak

SUBJECT WA 253745 Irene Shaffer

MESSAGE	YOUR REPLY
DATE 1-26-70	DATE 2-10-70
She had been sending in claims under 715-16-2201B & that is no. shown for her on tape. Travelers received reject that showed "Claim no should be WA 253745. Nothing in D10 file to show she is now a widow. Please check & advise correct no.	Correct HI claim no is WA 253745. Was SSA Junked until husband died in 9-69.
SIGNED: Bob	SIGNED: R. Lambert

SMI INCREASE ON 7-1-70 CHECK

WA 253745 PC 1 NEW SMI 5.30
MC RATES AFTER SMI--OLD 116.10 NEW 114.80 EFF 6-1-70

PC1

MECHANICAL ADJUSTMENT RECORD

TYPE OF BEN.	MONTHLY RATE PAID			ADJUST. CHECK		CLAIM NUMBER
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT	
W	100.40	116.10	0170	0470	147.50	A-253745

EMP. RATE* BASIC AMT.	OM PIA	REDUCTIONS FOR			
		EARLY RETIRE.	S S A BENEFIT	SMIB	ACT. ADJ.
60.71	132.30			4.00	

1969 SS ACT AMEND

O/M FORMULA

TYPE OF BEN.	MONTHLY RATE PAID			ADJUST. CHECK	
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT

EMP. RATE* BASIC AMT.	OM PIA	REDUCTIONS FOR			
		EARLY RETIRE.	S S A BENEFIT	SMIB	ACT. ADJ.

* ON WHICH SPOUSE ANNUITY IS BASED

080	46	9535	IRENE	E	SHAFFER	02	22	84			R
ACCOUNT NUMBER			FIRST NAME	M	SURNAME	DATE OF BIRTH			CLAIM NUMBER		

B25374500

(COL. 1) TYPE OF CLAIM | (COL. 41) PC CODE | (COL. 62-63) YEAR OF ENT

THIS AREA FOR PC CODING

(COL. 22) TYPE OF BENEFIT | (COL. 72-80) CLAIM NUMBER

THIS AREA FOR BDPA CODING

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

WILLIAM HENRY SULLIVAN — SARAH JANE GEORGE

PRINT (FATHER'S FULL NAME) — PRINT (MOTHER'S FULL NAME)

WAIVER 4/15/70

TO: PAYMENT CENTER

FROM: B.O.P.A.

FOREST CITY, LACKAWANNA, PA.

(CITY) (COUNTY) (STATE)

PRINT (PLACE OF BIRTH)

FORM SSA-7045 (10/68)

IBM D92872

THE ACCOUNT NUMBER IN THE UPPER LEFT APPEARS TO HAVE BEEN ASSIGNED TO THE AUXILIARY BENEFICIARY UNDER THE CLAIM NUMBER SHOWN IN THE UPPER RIGHT. IF INFORMATION IN THE FOLDER CONFIRMS THIS, CODE AND PUNCH THE INFORMATION SHOWN IN THE ABOVE PC CODING AREA BLOCKS AND FORWARD CARD TO EDP TAPING OPERATION.

MECHANICAL ADJUSTMENTS

7/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

TYPE	CLAIM NUMBER
O/M	A 2 5 3 7 4 5

6/74 OM PIA		6/74 PT PIA		74 SPC MIN		SS SAV	RIB LIMITATION ON WIA		EE
AMW	PIA	AMW	PIA	YC	PIA	CL MAX	RED RATE/INC	82½% PIA	DRC
253	194.10	253	194.10	14					

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV
1	W	192.30	205.80	3-74	4-1-74	6.30	199.50	112.33				
1	W	205.80	213.50	6-74	7-1-74	6.70	206.80	112.33				

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SERV

T 12 (12 1974)

WA 253745

EMPLOYEE

715-16-2201

SS BENEFIT

TE 1969 RATE	1969 SS BEN.	REDUCTION EFFECTIVE MO.	REDUCTION EFFECTIVE YR.
☐②	$		
☐②	$		
☐②	$		
☐②	$		
☐②	$		

6. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE ⓪ [X] MARRIED ① ☐ S.W.D.
FEMALE ③ ☐ MARRIED ④ ☐ S.W.D.

7. DATE OF BIRTH: 10-76

8. DATE OF DEATH: 09-69

9. RRA
①[X] COMPLETELY INSURED
⑤☐ PARTIALLY INSURED

AMR
AMC
MO. EARN. $184.00

INC. YRS. 14

BASIC AMOUNT $ 60.71

MAXIMUM ☐ $207.15 [X] $ 161.85

10. SPOUSE MINIMUM (ROUNDED) ⑥☐ $ AMC $153

11. SSA

AMW $ 253

PIA $ 145.60

O/M MAXIMUM
①☐ TABLE MAX.$
②[X] SAVING CLAUSE $281.63

NO 1P1 ⑦[X]
1P1 ⑧☐

12. MILITARY SERVICE REDUCTION
(A) MONTHS OF M/S: TOTAL MONTHS OF SERVICE:
(B) INCREASE RESULTING FROM M/S $
(C) AMOUNT OF OTHER BENEFITS $
(D) M/S RATIO: REDUCTION $

13.

MILITARY SERVICE USED	M/S BEFORE 1937 OR AFTER 6-63	M/S AFTER 1936 AND BEFORE 7-63
USED-NO REDUCTION	⑧☐	⑥☐
USED REDUCTION	⑨☐	⑦☐
NOT USED	③☐	②☐

14. ORIGINAL ANNUITY BEGINNING DATE: 09-01-69

15. PORTION OF ANNUITY WAIVED ③☐

RR FORMULA ANNUITY (UNROUNDED)
$

18. SS ACT FORMULA COMPUTATION

ORIGINAL BENEFIT	OTHER BEN. ① RA ② SS	RED. FOR AGE	ADJUSTED BENEFIT
$ 120.10	$	$	$ 120.10

TOTAL O/M GUARANTY

(A) TOTAL OF ORIGINAL BEN. COLUMN	$ 120.10
(B) TOTAL OF ADJUSTED BEN. COLUMN	$ 120.10
(C) 10% x (A)	$ 12.01
(D) TOTAL GUARANTY (B) + (C)	$ 132.11

19. MONTHLY ANNUITY

RR ☐ O/M [X] (UNROUNDED)	ACTUARIAL ADJUST.	MONTHLY ANN. PAYABLE (ROUNDED)
$	$	$ 132.20

DEDUCTIONS
S UNLESS OTHERWISE INDICATED)

	TO	AMOUNT	NET AMOUNT DUE
-71	04-30-71	$480.40	$ 175.30

SSA $

-71	06-30-71	$5.30

20. AGE REDUCTION COMPUTATION
(A) RR FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
} $

(B) O/M FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
} $

21. SMIB ENROLLMENT CODES
① 1ST ENROLL. ② NO RESPONSE ③ NOT ENROLLED ④ 1ST TERM. ⑨ DUAL ANNUITANT
⑤ 2ND ENROLL. ⑥ 2ND TERM. ⑦ SSA JURISDICTION ⑧ PREM. PAID BY STATE

22. REMARKS

1971 SSA AMENDMENT ADJUSTMENT

AND SMIB ADJUSTMENT

BENEFICIARIES IN CPS FOR THIS PC 1

TOTAL FAMILY IN CPS AND SUSP 1

IENT [X]

$ 114.80

$ 132.20

$ 5.60

$ 126.60

REPRESENTATIVE PAYEE:

A. Court appointed payee ①☐

B. Payee-neither court appointed nor parent for child ②☐

C. Parent for child(ren) ③☐

RESEARCH USE

CLAIMS EXAMINER	DATE	COMPUTER	DATE	AUTHORIZER	DATE

DATAFOLD FORMS INC. HINSDALE, ILLINOIS 60521

REGULAR 1972 PIA		SPEC. MIN. PIA		REDETERMINATION SAVING CLAUSE MAX.	CLAIM NUMBER
AMW	PIA	YRS.COV.	PIA		
253	174.80	14			A 253745

ARF NOT CONSIDERED IN ADJUSTMENT

MECHANICAL ADJUSTMENT FOR OCTOBER 1972 S S ACT AMENDMENTS

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1	W	152.90	186.50	01-73	03-01-73	5.80	220.10

REDUCTIONS			S S CLAIM NO. AND SUFFIX	RIB LIMIT ON WIA	
AGE	S S BEN.	ACT. ADJ.		EE RED. RATE	82½% x PIA

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.

REDUCTIONS			S S CLAIM NO. AND SUFFIX
AGE	S S BEN.	ACT. ADJ.	

T-12 (3-73)

1972 PIA		SSA MAXIMUM		CLAIM NUMBER
AMW	PIA	TABLE	SAV. CLAUSE	
253	174.80			A 253745

MECHANICAL ADJUSTMENT 1972 S S ACT AMENDMENTS (20% INCREASE)

PAY. CODE	TYPE OF BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHK. AMT.
1	W	126.40	152.90	09-72	10-01-72	5.80	152.90

REDUCTIONS			SS CLAIM NO. AND SUFFIX
AGE	SS BEN.	ACT. ADJ.	

PAY. CODE	TYPE OF BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHK. AMT.

REDUCTIONS			SS CLAIM NO. AND SUFFIX
AGE	SS BEN.	ACT. ADJ.	

T-2 (10-72)

XEROX FORM G-96 (9/73)

DEPARTMENT OF THE TREASURY
DIVISION OF DISBURSEMENT
CHICAGO, ILLINOIS

Check No. 5,162,453
SYMBOL 2074

RAILROAD RETIREMENT BOARD
RETURNED CHECK NOTICE
TERMINATION OR SUSPENSION OF PAYMENTS

1-6-75
Date Returned

15-51
000

DO NOT FOLD, SPINDLE OR MUT
KNOW YOUR ENDORSER - REQUIRE ID

PAY TO THE
ORDER OF IRENE E SHAFFER
RIVER SIDE DR
SAYER PA 18840

MONTH	DAY	YEAR
01	02	75

WA253745
53
1

DOLLARS	CTS.
5000206	80

RR RET BEN.

NOT NEGOTIABLE

⑈0000⑈005 1⑈

41

TERMINATION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 41 Beneficiary died
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried
- ☐ 45 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- ☐ 45 Widow's current annuity terminated by last child's death, marriage or adoption
- ☐ 46 Beneficiary entitled to equal or greater benefits
- ☐ 47 Student ceased full-time attendance
- ☐ Other (See Remarks)

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

Prefix A or H

- ☐ 01 Annuitant or pensioner died
- ☐ 08 Annuitant recovered from disability

SUSPENSION

INSURANCE ANNUITANT

Prefix JA, W or WC

- ☐ 11 Beneficiary in employer service
- ☐ 12 Beneficiary under age 72--earnings exceed $1200 per year
- ☐ 14 Widow does not have entitled child in her care
- ☐ 18 Payee not determined
- ☐ 16 Withdrawn for investigation
- ☐ 16 Recovery of an erroneous payment
- ☐ Other (See Remarks)

- ☐ 98 Undeliverable

SPOUSE ANNUITANT

Prefix MA or MH

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

Prefix A or H

- ☐ 02 Annuitant returned to employer service
- ☐ 07 Annuitant returned to last person service
- ☐ 09 Disability annuitant earned more than $100 in a month
- ☐ 06 Other (See Remarks)

Remarks:

RL-76
(9-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1-13-75

BUREAU OF RETIREMENT CLAIMS

Family or Friends of
Irene E. Shaffer, Decd.
Exper Side Dr.
Sayer, Pa 18840

In reply refer to
RRB Claim No. A2537145

We were recently notified of the event checked below:

☑ The death of Irene E. Shaffer

☐ The marriage of _____

☐ _____

However, the date that this event occurred was not given. Please enter the date in the space provided below and return this letter to us.

An envelope which requires no postage is enclosed for your convenience in replying. Thank you.

Very truly yours,

D. M. Smith
Director of Retirement Claims

Enclosure
Envelope

T Bubacz

X _____
(ENTER THE INFORMATION REQUESTED)

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

RL-76
(9-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1-13-75

BUREAU OF RETIREMENT CLAIMS

Family or Friends of
Irene E. Shaffer, Decd.
River Side Dr.
Sayre, Pa. 18840

In reply refer to
RRB Claim No. A2537-45

We were recently notified of the event checked below:

☑ The death of Irene E. Shaffer

☐ The marriage of _____

☐ _____

However, the date that this event occurred was not given. Please enter the date in the space provided below and return this letter to us.

An envelope which requires no postage is enclosed for your convenience in replying. Thank you.

Very truly yours,

D. M. Smith
Director of Retirement Claims

Enclosure
Envelope

Daughter
Lillian Goodrich
Riverside Drive
Sayre, Penn
18847

X 12-9-74
(ENTER THE INFORMATION REQUESTED)

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

160 SHAFFER IRENE E 02 22 84

02 22 84

IRENE E SHAFFER MA-253745

413 S KEYSTONE AVE

SAYRE PA

MA 253745		05240	05430
CLAIM NO	CODE-TYPE BENEF	RATE PAID JUNE 1956	RATE PAID BEG JULY 1956

SEPT 05810

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE EFFECTIVE JULY 1956

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

- WIDOW AGE 60
2 – WIDOW UNDER 60
3 – CHILD
4 – PARENT
7 – WIDOWER

THREE-DIGIT CODES

1ST DIGIT: 0 – NO WIDOW
1 – WIDOW WITH CHILDREN

2ND DIGIT: 0 – NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0 – NO PARENTS
1 – ONE PARENT-OTHER PARENT WITHHELD
2 – TWO PARENTS

WHERE THE TOTAL ANNUITIES OF AN EMPLOYEE AND SPOUSE WERE EQUAL TO THE OVER-ALL MINIMUM FOR JUNE 1956 AND THE SPOUSE'S ANNUITY WAS DECREASED EFFECTIVE JULY 1, 1956, THE DECREASE RESULTED EITHER FROM A NEW PRORATION UNDER THE OVER-ALL MINIMUM GUARANTEE BASED ON NEW RATES UNDER THE REGULAR RRA FORMULA, OR BECAUSE THE TOTAL OF THE REGULAR RRA RATES EFFECTIVE JULY 1, 1956 EXCEEDS THE RATES UNDER THE OVER-ALL MINIMUM.

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE JUNE 1956 AND JULY 1956 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JULY 1, 1956

IBM 890180-0

MA 253745				5430	5780
CLAIM NO	CODE-TYPE BENEF	1954	1959 EMPLOYEE'S PIA	RATE PAID DEC. 1958	RATE PAID BEG JAN. 1959

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE -- 1958 SSA AMENDMENTS EFFECTIVE JAN. 1, 1959

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1 – WIDOW AGE 60
2 – WIDOW UNDER 60
3 – CHILD UNDER 18
4 – PARENT
7 – WIDOWER
9 – DISABLED CHILD

THREE DIGIT ONLY

1ST DIGIT: NO WIDOW
WIDOW WITH CHILDREN

2ND DIGIT: NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: NO PARENTS
ONE PARENT- OTHER PARENT WITHHELD
TWO PARENTS

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE DECEMBER 1958 AND JANUARY 1959 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JANUARY 1, 1959

TABCO 680025